

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X  
TRAVIS GAMBERS,

Civil Action No. 1:07-cv-04841-BSJ

Plaintiff,

-against-

THE CROWN PARADISE HOTELS,  
THE CROWN PARADISE CLUB,  
MARINA DE ORO, RESORTS  
CONDOMINIUMS INTERNATION, LLC,  
FN REALTY SERVICES, INC.,

Defendants.

-----X  
**DISCLOSURE PURSUANT TO  
F.R.C.P 26(a)(1)**

Plaintiff, TRAVIS GAMBERS, by and through his attorneys ZAREMBA BROWNELL & BROWN PLLC, as and for his Disclosure pursuant to the provisions of the Federal Rules of Civil Procedure, Rule 26, states as follows upon information and belief:

**MEDICAL RECORDS**

Enclosed herewith please find true and accurate copies of plaintiff's medical records, along with authorizations to enable defendants to obtain same from the following providers:

- Dr. Rodolfo Medina Hernandez  
Basilio Badillo 365 1 er. Piso Col. Emiliano Zapata C.P. 48380  
Puerto Vallarta, Jal. MEXICO
- Hospital CMQ de Vallarta  
Basilio Badillo 365 1 er. Piso Col. Emiliano Zapata C.P. 48380  
Puerto Vallarta, Jal. MEXICO
- Hospital San Javier Marina  
Blvd. Fco. Medine Ascencio 2760  
Zona Hotelera Nte C.P. 48333  
Puerto Vallarta Jal, MEXICO
- Dr. Stuart Katchis  
130 East 77<sup>th</sup> Street, 12<sup>th</sup> Floor  
New York, New Yoerk 10021

- Recovery Physical Therapy, P.C.  
3276 Westchester Avenue, 2<sup>nd</sup> Floor  
Bronx, New York 10461

### **WITNESSES**

The plaintiff is currently not aware of any witnesses to his accident, other than himself and two cleaning personnel (names unknown), who were employed by the defendants, Crown Paradise Club, Crown Paradise Hotels and/or Marina de Oro. In addition, immediately following the accident, plaintiff was tended to by The Crown Paradise Hotel/Crown Paradise Beach Club's manager and a physician employed by the defendants.

### **COMPUTATION OF DAMAGES SOUGHT**

Pursuant to Rule 26(a)(1)(C), plaintiff's preliminary computation of damages include, but are not limited to:

- Bimalleolar fracture of the tibia and fibula of plaintiff's left ankle and leg, with insertion of hardware (screws and plates);
- Open reduction internal fixation surgery with insertion of screws and plates to plaintiff's left leg and ankle with internal fixation of the lateral and malleoli on September 27, 2006 at Hospital CMQ de Vallarta in Puerto Vallarta, Mexico;
- Minimally displaced fracture fragment of the distal fibula;
- Nerve damage to the saphenous nerve (on top of the foot) with significant numbness and loss of feeling, loss of use in his left foot, ankle and lower leg;
- Significant decreased range of motion in his left foot, ankle and leg;
- Severe pain and swelling on his left ankle, foot and lower leg;
- Difficulty weight bearing on his left foot, leg and ankle;
- Arthritic changes in his ankle;
- Permanent limited range of motion to his left foot, leg and ankle;
- Atrophy of left leg and foot muscles; and

- Plaintiff will require future surgery to remove hardware.

Plaintiff incurred medical expenses for his treatment in Mexico of approximately \$8,5000.00. Annexed hereto, please find copies of hospital bills for medical treatment while in Mexico. In addition, plaintiff has and continues to incur various outstanding medical expenses including co-pays for his treatment with Dr. Rodolfo Medina Hernandez, Dr. Katchis and with Recovery Physical Therapy, P.C. These expenses are ongoing and will be computed at a later date.

Plaintiff will require a future surgery to remove the hardware in an effort to relieve some of the pain he suffers, in hopes of increasing his range of motion.

**PLEASE TAKE NOTICE,** that plaintiff reserves the right to supplement the foregoing responses as information becomes available, up to and including the time of trial.

Dated: New York, New York  
August 3, 2007

ZAREMBA BROWNELL & BROWN PLLC

By:

  
\_\_\_\_\_  
Brian M. Brown (BMB9021)  
Attorneys for Plaintiff  
TRAVIS GAMBERS  
40 Wall Street, 28<sup>th</sup> Floor  
New York, New York 10005  
(212) 400-7226

TO: TO: Alice Spitz, Esq.  
MOLOD, SPITZ & DESANTIS, P.C.  
Attorneys for Defendants  
MARINA DE ORO, THE CROWN PARADISE HOTEL  
and THE CROWN PARADISE BEACH CLUB  
104 West 40<sup>th</sup> Street  
New York, New York 10018

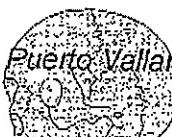
C. Brian Kornbrek, Esq.  
GREENBAUM, ROWE, SMITH & DAVIS LLP  
Attorneys for Defendant  
RCI  
75 Livingston Avenue, Suite 301  
Roseland, New Jersey 07068  
(973) 535-1600

**Dr. Rodolfo Medina Hernández**

TRAUMATOLOGIA , ORTOPEDIA Y REHABILITACION

Certificado por el Consejo Mexicano de Ortopedia y Traumatología

REG. MED. 1785945



Puerto Vallarta a 27 de septiembre del 2006

**Reporte Médico****Nombre;** Gambers Travis    **Edad;** 38 años**Fecha de atención:** 26 de septiembre del 2006**Fecha de Cirugía:** 26/27 de septiembre del 2006**Fecha de alta hospitalaria:** 27 de septiembre del 2006

**Antecedentes:** Se refiere Diabético, Hipertensio, con Epilepsia, con prótesis total de cadera izquierda, no refiere alergias a medicamentos, resto sin importancia para el padecimiento actual.

**Padecimiento actual;** Refiere el paciente que unos minutos antes de su revision sufre inversión forzada del pie izquierdo

**Exploración Física:** Paciente consciente, ubicada en tiempo y espacio, con signos vitales hipertensión, con severo dolor, tumefacción, deformidad y limitación funcional del tobillo izquierdo.

**Diagnóstico;****1. Fractura Bimaleolar del tobillo izquierdo, desplazado y sub-luxado**

**Nota:** El paciente fue tratado quirúrgicamente de su fractura pero actualmente se encuentra en buen estado físico y mental para realizar su vuelo de regreso por línea aérea comercial a los Estados Unidos de América y solo se recomienda brindarle las debidas consideraciones durante su regreso.

Dr. Rodolfo Medina HS.

Consultorio CMQ Hospital

Basilio Badillo 365 1er. piso Col. Emiliano Zapata, Puerto Vallarta, Jal.

Tel. (3)22-30878 Fax (3)22-23775

Urgencias: 22-31919 Celular: 90322-75260

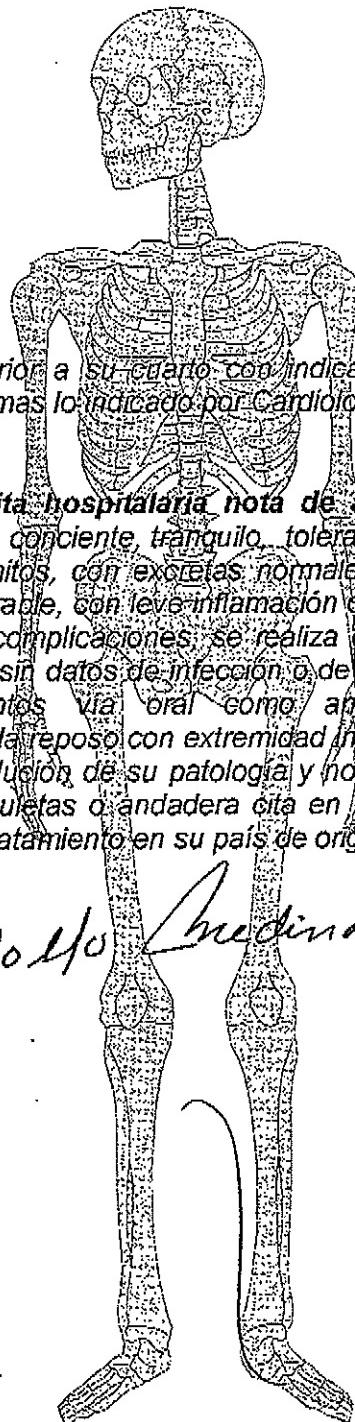
rodolfomh@hotmail.com

**Dr. Rodolfo Medina Hernández**

TRAUMATOLOGIA , ORTOPEDIA Y REHABILITACION

Certificado por el Consejo Mexicano de Ortopedia y Traumatología  
REG. MED. 1785945

**Sangrado:** Mínimo  
**Complicaciones:** Ninguna  
**Estabilidad:** Excelente  
**Reducción:** Excelente



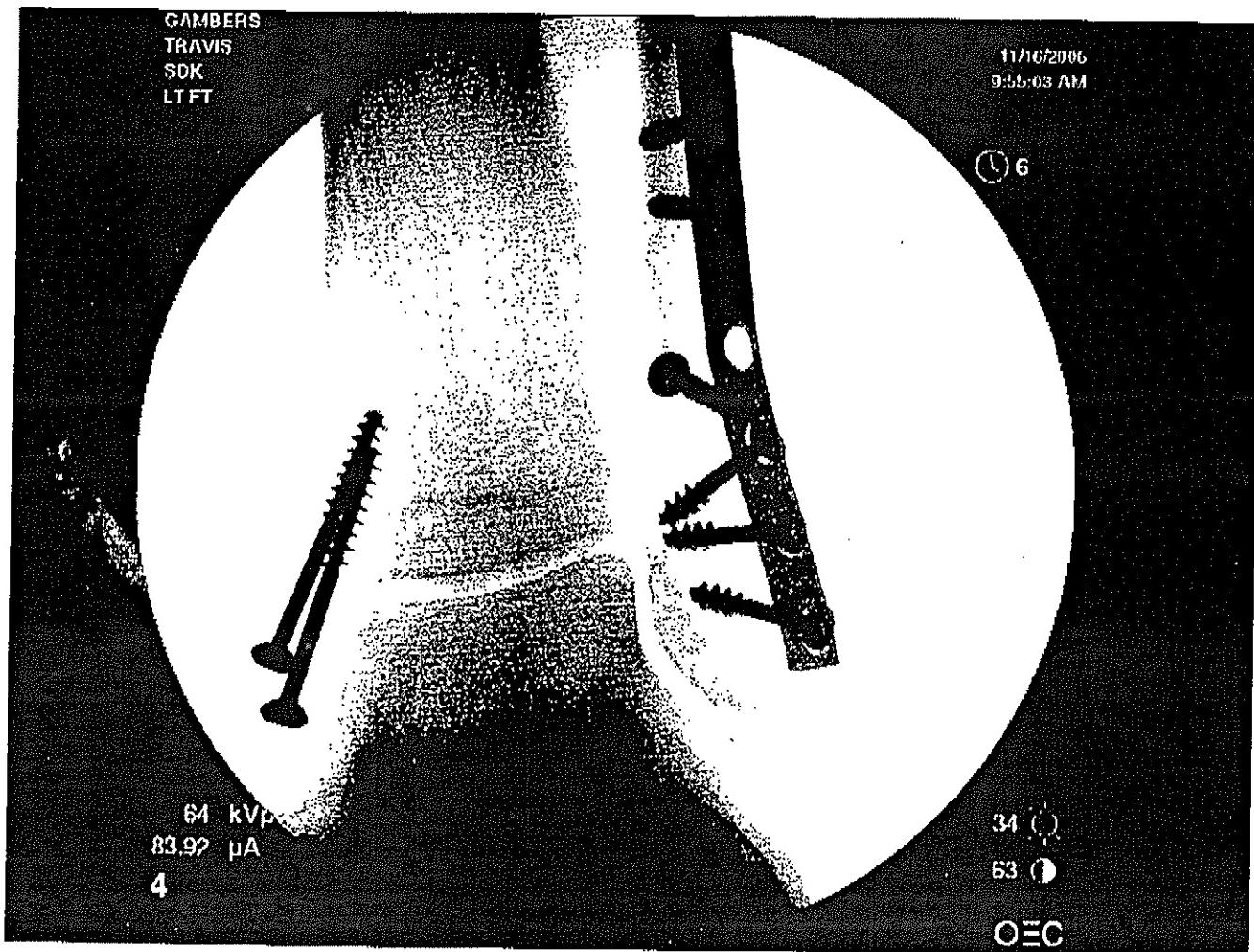
Pasa a recuperación y posterior a su cuarto con indicaciones de analgésicos, antibióticos, antiinflamatorios, mas lo indicado por Cardiología Dr. Ramón Vázquez y cuidados generales.

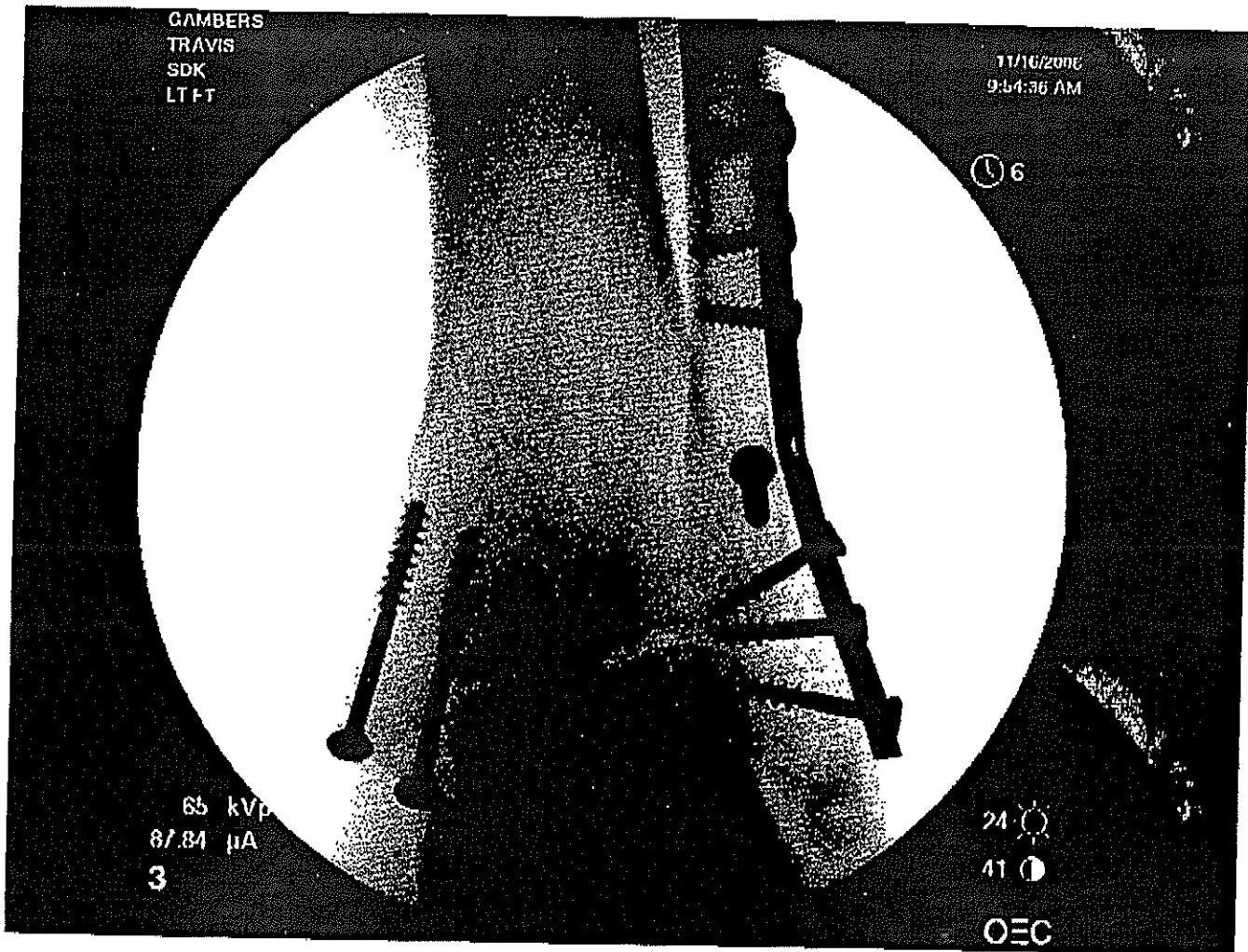
**27 de septiembre 2006 visita hospitalaria nota de alta:** Paciente en buen estado general, bien hidratado, consciente tranquilo, tolerando dieta completa para Diabéticos, sin mareos o vómitos, con excretas normales, refiere leve dolor en tobillo izquierdo pero muy tolerable, con leve inflamación de ortejos, la extremidad izquierda Neuro-vascular sin complicaciones, se realiza cambio de aposito, las heridas se observan limpias y sin datos de infección o de sangrado, se da de alta hospitalaria con medicamentos vía oral como: antibióticos, analgésicos, antiinflamatorios, se recomienda reposo con extremidad inferior izquierda elevada, se explica el cuidado y la evolución de su patología y no apoyar con extremidad fracturada, caminar usando muletas o andadera cita en 2 días y cita abierta en caso de urgencia y continuar tratamiento en su país de origen.

Dr. Rodolfo Medina H.

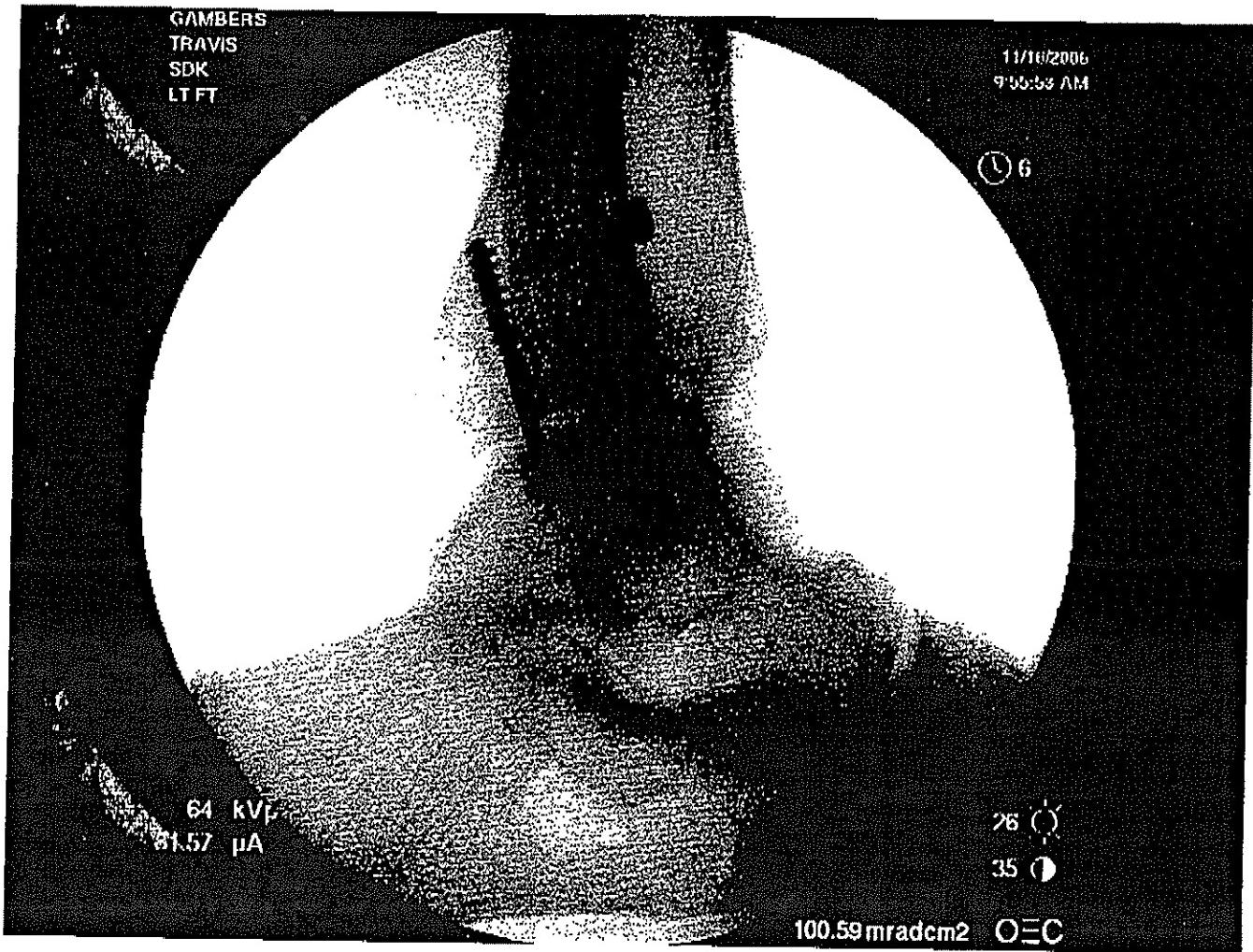
Consultorio CMQ Hospital  
 Basilio Badillo 365 1er. piso Col. Emiliano Zapata, Puerto Vallarta, Jal.  
 Tel. (3)22-30878 Fax (3)22-23775  
 Urgencias: 22-31919 Celular: 90322-75260  
 Correo: rodolfomh@hotmail.com

PAGE 4/21 \* RCV'D AT 12/12/2006 2:24:03 PM [Eastern Standard Time] \* SVR:NYREF3 \* DMS:1 \* CSID: \* DURATION (mm:ss):10-28





PAGE 621 \* RCV'D AT 12/12/2006 2:24:03 PM [Eastern Standard Time] \* SVR:NYREF3 \* DIS1 \* CSID: \* DURATION (mm:ss):10-28



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PASERS, TRAVIS  
ME DEDICO EN LOS TERMINOS LACOC  
AL REVERSO DE ESTE PÁGINA  
IRONLAW-E

REUBICAR EN LOS TERRITORIOS  
AL REVERSO DE ESTE PÁGINA  
190114-E

Hospital Sán Javier Marina, S.A. de C.V.

Blvd. Edo. Medina Ascencio 2760  
Zona Hotelera Nte C.P. 48333  
Pto. Vallarta Jal, Mex.  
Tel (322) 2261010



LUGAR DE EXP. PTO. VALLARTA, JAL  
FACTURA

A-19331

R.F.C. HSJ-990421-JQ0

FECHA: 28/09/2005 - NO: 04-1581 - HORAS: 12:48  
NOMBRE: BAMBROS, TRAVIS  
DOMICILIO: 23E 4100 ALDRICH ST.  
CIUDAD: BRONX - NY - USA  
TEL: RFO  
OBSERVACIONES:

MEDICO : CPK5 - GONZALEZ PINTENTAL MARTIN SALVADOR  
FECHA INGRESO : 27/09/2006 / FECHA EGRESO : 28/09/2006 CIVIL CJA part  
PACIENTE : 000341849 / GABBERS TRAVIS  
CHARTA : 110

HABITACION	6.145.59	REHABILITACION	0.00
URGENCIAS	2.944.00	ALIMENT. Y PAR.	0.00
INS. ENFERMERIA	3.174.00	MEJ. TRANSFUSION	0.00
CIRUGIA AMP	1.144.00	FARMACIA	0.00
QUIROFANO	871.99	CARDI DIAGNOST.	0.00
TERAPIA INTENSI	3.00	HISTOPATOGORIA	0.00
L.C.C. I.P. C.N.	10.00	PRIMEROS aux	0.00
FINAL-TERAPIA	0.00	ALIMENTACION-TRAN	0.00
INS. CLINAS	0.00	DEPILATORIO	0.00
INS. HOSPITAL	0.00	COASEGURAD	0.00
INS. QUIROFANOS	112.219.53	GASTOS ENVIO	0.00
LABORATORIOS	3.157.89	EXTRAS	0.00
IMAGENOLGIA	5.213.75	PSICO TROPICOS	552.16
HEMODIALISIS	1.970.00		0.00
SEPMED-ENFERMERIA	2.200		0.00
PAR. COOP. Y SAN	3.018.72		
	3.018.72		

**FACTURA PAGADA EN UNA SOLA EXHIBICIÓN  
FACTURA PAGADA EN PARCIALES TORDES**

GANTÍPERA CON LA PA

Debo y Pagaré Incondicionalmente a la Orden de HOSPITAL SAN JAVIER MARINA S.A. de C.V. la cantidad de \$ el dia d<sup>s</sup> de en esta ciudad de Pto. Vallarta, Jal. por la mercancía o servicios arriba descritos, que recibi a mi entera satisfacción. Esta pagaré es meramente y está regida por la Ley General de Títulos y Operaciones de Crédito. De no ser pagado a su vencimiento causará un interés de

**CONFORME**

28/09/2006 13:39:46

ESTADO DE CUENTA TOTAL  
 100 HOSPITAL SAN JAVIER MARINA S.A. DE C.V.  
 BLVD.FCO. MEDINA ASCENCIO 2760 ZONA HOTELERA NORTE  
 TELEFONOS :

HOJA

1

FAX

CUENTA : 300041849 GAMBERS TRAVIS

INGRESO: 27/09/2006 HORA ING: 00:37 CUARTO : 110

EGRESO : 28/09/2006 HORA EGR: 11:19 CIA. CLIENTE PART

MEDICO : GPM5 GONZALEZ PIMENTA MARIO SALVADOR

DIAGNOSTICO : Traumatismo superficial del tobillo y de

E X P E D I E N T E

CONCEPTO	DESCRIPCION	CANT	PRECIO UNIT.	DESCTO	SUBTOTAL	IMPUESTO	TOTAL
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## ESTADO DE CUENTA CON CARGO AL PACIENTE

DEPTO : 100 000000 HOSPITALIZACION (HABITACION)

MS	MASTER SUITE110	1.00	5,342.60	0.00	5,342.60	801.39	6,143.99
						300041849	27/09/2006
					5,342.60	801.39	6,143.99
					IMP. QUINCE 5,342.60	IMP. CERO 0.00	

DEPTO : 100 000001 URGENCIAS

S4628	OPSITE 6 X 7 FLEXI	1.00	60.74	0.00	60.74	9.11	69.85	35289 27/09/2006
P2522	FLÉBOTEK QUIRURGIC	1.00	155.24	0.00	155.24	23.29	178.53	35289 27/09/2006
N03722 2	JERINGA 10 ML C/AG	1.00	34.06	0.00	34.06	5.11	39.17	35289 27/09/2006
1915-100	ELECTRODO PARA EKG	10.00	4.54	0.00	45.40	6.81	52.21	35289 27/09/2006
N03722 2	JERINGA 10 ML C/AG	2.00	34.06	0.00	68.12	10.22	78.34	35289 27/09/2006
N08614 2	AGUJA YALE ULTRAFI	1.00	10.26	0.00	10.26	1.54	11.80	35289 27/09/2006
N26246 3	JERINGA s/agu 20ml	1.00	50.26	0.00	50.26	7.54	57.80	35289 27/09/2006
MC.050	BRAZALETE IDENTIFIC	1.00	33.72	0.00	33.72	5.06	38.78	35289 27/09/2006
NELEC	ELECTROCARDIOGRAMA	1.00	606.96	0.00	606.96	91.04	698.00	35289 27/09/2006
N1915-100	DESCUENTO ELECTROD	-10.00	3.48	0.00	-34.80	-5.22	-40.02	35289 27/09/2006
A881324	SOL.FISIOLOGICA DE	1.00	152.54	0.00	152.54	0.00	152.54	35289 27/09/2006
N26617 5	DOLAC AMP. 30MG 1M	1.00	268.38	0.00	268.38	0.00	268.38	35289 27/09/2006
N19818 8	PRIMPERAN CARNOTPR	1.00	53.48	0.00	53.48	0.00	53.48	35289 27/09/2006
N852791	CLEXANE 60MGR. C/2	1.00	953.98	0.00	953.98	0.00	953.98	35289 27/09/2006
N16158 6	NITRADIS 5MG.CADA	1.00	117.52	0.00	117.52	0.00	117.52	35289 27/09/2006
N27839 4	JERINGA P/INS DES	1.00	32.38	0.00	32.38	4.86	37.24	35289 27/09/2006
CAT-01	CATETER VENOSO COR	1.00	83.88	0.00	83.88	12.58	96.46	35289 27/09/2006

TOTAL POR DEPTO:	2,692.12	171.93	2,864.05
	IMP. QUINCE 1,146.22	IMP. CERO 1,545.90	

DEPTO : 100 000002 INSUMOS DE PISO

N26617 5	DOLAC AMP. 30MG 1M	1.00	268.38	0.00	268.38	0.00	268.38	153492 27/09/2006
N26617 5	DOLAC AMP. 30MG 1M	1.00	268.38	0.00	268.38	0.00	268.38	153493 27/09/2006
N03722 2	JERINGA 10 ML C/AG	1.00	34.06	0.00	34.06	5.11	39.17	153493 27/09/2006
N26617 5	DOLAC AMP. 30MG 1M	1.00	268.38	0.00	268.38	0.00	268.38	153506 27/09/2006
N03722 2	JERINGA 10 ML C/AG	3.00	34.06	0.00	102.18	15.33	117.51	153506 27/09/2006
A881324	SOL.FISIOLOGICA DE	1.00	152.54	0.00	152.54	0.00	152.54	153506 27/09/2006
A882324	SOLUCION HARTMANN	1.00	165.48	0.00	165.48	0.00	165.48	153506 27/09/2006
AMBDEM	GUANTE DESECHABLE	10.00	10.62	0.00	106.20	15.93	122.13	153506 27/09/2006
AMBDEM	GUANTE DESECHABLE	2.00	10.48	0.00	20.96	3.14	24.10	153508 27/09/2006
AMBDEM	GUANTE DESECHABLE	10.00	10.62	0.00	106.20	15.93	122.13	153508 27/09/2006
T0697	CINTA MICROPOR 2.	1.00	140.74	0.00	140.74	21.11	161.85	153508 27/09/2006
P3485	ESPONJA D GAS 10X	2.00	129.34	0.00	258.68	38.80	297.48	153508 27/09/2006
602018	LANCETA ESTERIL	2.00	8.80	0.00	17.60	2.64	20.24	153559 27/09/2006
010-642	TIRA REACTIVA ONE	2.00	67.96	0.00	135.92	20.39	156.31	153559 27/09/2006

PROGRAMA : repcarg1

SISTEMA DE ADMINISTRACION DE HOSPITALES \*\*\* SADHOS \*\*\*

USUARIO : mesac

DEC.12.2006 03:22

#0317 P.020 /021

28/09/2006 13:39:46

## ESTADO DE CUENTA TOTAL

HOJA

2

100 HOSPITAL SAN JAVIER MARINA S.A. DE C.V.  
 BLVD.FCO. MEDINA ASCENCIO 2760 ZONA HOTELERA NORTE  
 TELEFONOS :

FAX

CUENTA : 300041849 GAMBERS TRAVIS

INGRESO: 27/09/2006 HORA ING: 00:37 CUARTO : 110

EGRESO : 28/09/2006 HORA EGR: 11:19 CIA- CLIENTE PART  
 MEDICO : GPM5 GONZALEZ PIMENTA MARIO SALVADOR

DIAGNOSTICO : Traumatismo superficial del tobillo y de

## EXPEDIENTE

CONSEPTO	DESCRIPCION	CANT	PRECIO UNIT.	DESCTO	SUBTOTAL	IMPUESTO	TOTAL	
MP056	PROTECTOR DE PLAST	1.00	6.96	0.00	6.96	1.04	8.00	153565 27/09/2006
MULETA1	MULETA DE ALUMINIO	1.00	1,351.34	0.00	1,351.34	202.70	1,554.04	153570 27/09/2006
010-642	DIRA REACTIVA ONE	2.00	67.96	0.00	135.92	20.39	156.31	153587 27/09/2006
602018	LANCETA ESTERIL	2.00	8.80	0.00	17.60	2.64	20.24	153587 27/09/2006
MP056	PROTECTOR DE PLAST	2.00	6.96	0.00	13.92	2.09	16.01	153594 27/09/2006
N03716 8	JERINGA 5 ml c/agu	1.00	35.72	0.00	35.72	5.36	41.08	153595 27/09/2006
N03722 2	JERINGA 10 ML C/AG	2.00	34.06	0.00	68.12	10.22	78.34	153597 27/09/2006
N27839 4	JERINGA P/INS DES	1.00	32.38	0.00	32.38	4.86	37.24	153598 27/09/2006
ABB2324	SOLUCION HARTMANN	1.00	165.48	0.00	165.48	0.00	165.48	153617 28/09/2006
N03722 2	JERINGA 10 ML C/AG	5.00	34.06	0.00	170.30	25.55	195.85	153618 28/09/2006
N85279 1	CLEXANE 60 MG. C/2	1.00	1,052.14	0.00	1,052.14	0.00	1,052.14	153618 28/09/2006
N16158 6	NITRADIS 5MG.CADA	1.00	117.52	0.00	117.52	0.00	117.52	153618 28/09/2006
N26246 3	JERINGA s/agu 20ml	1.00	50.26	0.00	50.26	7.54	57.80	153627 28/09/2006
N00188 0	AGUJAS YALE desech	1.00	8.36	0.00	8.36	1.25	9.61	153627 28/09/2006
ABB2324	SOLUCION HARTMANN	1.00	165.48	0.00	165.48	0.00	165.48	153661 28/09/2006
ABB2324	SOLUCION HARTMANN	1.00	165.48	0.00	165.48	0.00	165.48	153661 28/09/2006
N26617 5	DOLAC AMP. 30MG 1M	1.00	268.38	0.00	268.38	5.36	273.74	153661 28/09/2006
N03716 8	JERINGA 5 ml c/agu	1.00	35.72	0.00	35.72	5.36	41.08	153661 28/09/2006
AM6EM	GUANTE DESECHABLE	2.00	10.48	0.00	20.96	3.14	24.10	153661 28/09/2006
dt-00854	BANDITA REDONDO SP	1.00	2.18	0.00	2.18	0.33	2.51	153661 28/09/2006
P3485	ESPONJA D GAÑA 10X	1.00	129.34	0.00	129.34	19.40	148.74	153661 28/09/2006
0906570	VENDA ELASTICA 7 X	1.00	56.08	0.00	56.08	8.41	64.49	153661 28/09/2006
TOTAL POR DEPTO:					6,115.34	458.66	6,574.00	
IMP. QUINCE 3,057.70						IMP. CERO 3,057.64		

DEPTO : 100 000006 QUIROFANO

DESECH	MATERIAL DESECHABL	1.00	325.22	0.00	325.22	48.78	374.00	5587 27/09/2006
NEC_A	ELECTROCALT.(1Hora	1.00	1,116.52	0.00	1,116.52	167.48	1,284.00	5587 27/09/2006
NMOND2	MONITOR TRANSOPERA	1.00	627.82	0.00	627.82	94.17	721.99	5587 27/09/2006
NOXSC_A	OXIGEN.P/S.CIRUGIA	1.00	464.34	0.00	464.34	69.65	533.99	5587 27/09/2006
NDSC	DER. A SALA DE CIR	1.00	3,441.74	0.00	3,441.74	516.26	3,958.00	5587 27/09/2006

TOTAL POR DEPTO:

					5,975.64	896.35	6,871.99	
					IMP. QUINCE 5,975.64	IMP. CERO 0.00		

DEPTO : 100 000015 IMAGENOLOGIA .

URG2	URG VARIOS MAY.4 P	1.00	507.82	0.00	507.82	76.17	583.99	46371 26/09/2006
HAS0	TOBILLO IZO.APY LA	1.00	666.08	0.00	666.08	99.91	765.99	46371 26/09/2006
HAS1	TOBILLO PLACA ADIC	1.00	471.30	0.00	471.30	70.70	542.00	46371 26/09/2006
URG2	URG VARIOS MAY.4 P	1.00	507.82	0.00	507.82	76.17	583.99	46371 26/09/2006
TO03	TORAX PA 1 PLACA	1.00	558.26	0.00	558.26	83.74	642.00	46373 27/09/2006
HAS0	TOBILLO IZO.APY LA	1.00	666.08	0.00	666.08	99.91	765.99	46375 27/09/2006
URG2	URG VARIOS MAY.4 P	1.00	507.82	0.00	507.82	76.17	583.99	46375 27/09/2006
HAS0	TOBILLO IZO.APY LA	1.00	666.08	0.00	666.08	99.91	765.99	46380 27/09/2006

PROGRAMA : repcarg1

SISTEMA DE ADMINISTRACION DE HOSPITALES \*\*\* SADHOS \*\*\*

USUARIO : mesac

28/09/2006 13:39:46

## ESTADO DE CUENTA TOTAL

HOJA

3

100 HOSPITAL SAN JAVIER MARINA S.A. DE C.V.  
 BLVD.FCO. MEDINA ASCENCIO 2760 ZONA HOTELERA NORTE  
 TELEFONOS :

FAX

CUENTA : 300041849 GAMBERS TRAVIS

INGRESO: 27/09/2006 HORA ING: 00:37 CUARTO : 110

EGRESO : 28/09/2006 HORA EGR: 11:19 CIA. CLIENTE PART

MEDICO : GPM5 GONZALEZ PIMENTA MARIO SALVADOR

DIAGNOSTICO : Traumatismo superficial del tobillo y de

EXPEDIENTE

CONCEPTO	DESCRIPCION	CANT	PRECIO UNIT.	DESCTO	SUBTOTAL	IMPUESTO	TOTAL
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TOTAL POR DEPTO:				4,551.26	682.69	5,233.95
				IMP. QUINCE 4,551.26	IMP. CERO 0.00	

DEPTO : 100 000016 INSUMOS DE QUIROFANO

N03716 8	JERINGA 5 ml c/agu	1.00	35.72	0.00	35.72	5.36	41.08	4284 27/09/2006
4210-01	JERINGA ASEPTO DES	1.00	207.36	0.00	207.36	31.10	238.46	4284 27/09/2006
N50112 3	BUVACAINA PESADA A	1.00	131.86	0.00	131.86	0.00	131.86	4284 27/09/2006
P1076	AGUA P/IRRIGACION	1.00	157.18	0.00	157.18	0.00	157.18	4284 27/09/2006
N27839 4	JERINGA P/INS DES	1.00	32.38	0.00	32.38	4.86	37.24	4284 27/09/2006
N26246 3	JERINGA s/agu 20ml	2.00	50.26	0.00	100.52	15.08	115.60	4284 27/09/2006
P7351	CONECTOR DE PLASTI	1.00	65.86	0.00	65.86	9.88	75.74	4284 27/09/2006
K-25	CONECTOR P/OXIGENO	1.00	106.70	0.00	106.70	16.01	122.71	4284 27/09/2006
J-340 H	VICRYL 1/0 CT-1 AH	1.00	411.26	0.00	411.26	61.69	472.95	4284 27/09/2006
A682324	SOLUCION HARTMANN	2.00	165.48	0.00	330.96	0.00	330.96	4284 27/09/2006
N02004 7	XYLOCAINA CON EPIN	1.00	325.64	0.00	325.64	0.00	325.64	4284 27/09/2006
N02004 8	XYLOCAINA SIN EPIN	1.00	321.98	0.00	321.98	0.00	321.98	4284 27/09/2006
N00193 7	AGUJAS YALE desech	1.00	8.36	0.00	8.36	1.25	9.61	4284 27/09/2006
MIC102	MICROCYN 60 FCO. 2	1.00	475.84	0.00	475.84	71.38	547.22	4284 27/09/2006
183-103	AGUJA ESPINAL NO.2	1.00	531.16	0.00	531.16	79.67	610.83	4284 27/09/2006
N08614 2	ABUJA YALE ULTRAFI	2.00	10.26	0.00	20.52	3.08	23.60	4284 27/09/2006
N02001 2	Efedrina AMP. 50MG	1.00	63.76	0.00	63.76	0.00	63.76	4284 27/09/2006
N20853 1	BICAR-NAT al 7.5%	1.00	19.60	0.00	19.60	0.00	19.60	4284 27/09/2006
N02000 5	BUVACAINA AM. 5 MG	2.00	345.98	0.00	691.96	0.00	691.96	4284 27/09/2006
N26617 5	DOLAC AMP. 30MG 1M	1.00	268.38	0.00	268.38	0.00	268.38	4284 27/09/2006
N28310 0	DIPRIVAN AMP. 5X20	1.00	591.86	0.00	591.86	0.00	591.86	4284 27/09/2006
D01	DRENOCVAC 1/8	1.00	703.80	0.00	703.80	105.57	809.37	4284 27/09/2006
301614	TUBO NO CONDUCTIVO	2.00	242.14	0.00	484.28	72.64	556.92	4284 27/09/2006
M-00-\$	ELECTRODO P/MON. D	3.00	21.66	0.00	64.98	9.75	74.73	4284 27/09/2006
PPW55	PROXIMATE PLUS GRA	1.00	3,840.40	0.00	3,840.40	576.06	4,416.46	4284 27/09/2006
0941	BATA QUIRURGICA C	3.00	263.56	0.00	790.68	118.60	909.28	4284 27/09/2006
N14503 3	DIAPRO PANAL PARA	1.00	20.80	0.00	20.80	3.12	23.92	4284 27/09/2006
990212	EQUIPO P/ANESTESIA	1.00	789.26	0.00	789.26	118.39	907.65	4284 27/09/2006
7284	GUANTE ORTOPEDICO	2.00	58.60	0.00	117.20	17.58	134.78	4284 27/09/2006
5875	GUANTE PARA CIRUJA	2.00	59.68	0.00	119.36	17.90	137.26	4284 27/09/2006
5870	GUANTE PARA CIRUJA	1.00	59.68	0.00	59.68	8.95	68.63	4284 27/09/2006
5880	GUANTE PARA CIRUJA	1.00	59.68	0.00	59.68	8.95	68.63	4284 27/09/2006
809572	LAPIZ ELECTROCAUTE	1.00	738.80	0.00	738.80	110.82	849.62	4284 27/09/2006
0938	PAQUETE PARA CIRUG	1.00	1,175.04	0.00	1,175.04	176.26	1,351.30	4284 27/09/2006
7507	PLACA DESCHABLE C	1.00	596.66	0.00	596.66	89.50	686.16	4284 27/09/2006
1710	UNIFORME QUIRURGIC	4.00	131.46	0.00	525.84	78.86	604.72	4284 27/09/2006
1007	MASCARILLA ALTA CO	1.00	513.00	0.00	513.00	76.95	589.95	4284 27/09/2006
B1163	CEPILLO P/CIRUJANO	2.00	103.88	0.00	207.76	31.16	238.92	4284 27/09/2006
B2013	CEPILLO P/CIRUJANO	1.00	90.44	0.00	90.44	13.57	104.01	4284 27/09/2006
P3485	ESPONJA D GAS 10X	1.00	129.34	0.00	129.34	19.40	148.74	4284 27/09/2006

PROGRAMA : repcarg1

SISTEMA DE ADMINISTRACION DE HOSPITALES \*\*\* SADROS \*\*\*

USUARIO : mesac

DEC.12.2006 03:18

#0317 P.014 /021

28/09/2006 13:39:46

HOJA: 4

ESTADO DE CUENTA TOTAL  
 100 HOSPITAL SAN JAVIER MARTIN S.A. DE C.V.  
 BLVD. FCO. MEDINA ASCENCIO 2760 ZONA HOTELERA NORTE  
 TELEFONOS :

FAX

CUENTA : 300041849 GAMERS TRAVIS

INGRESO: 27/09/2006 HORA ING: 00:37 CUARTO : 110

EGRESO : 28/09/2006 HORA EGR: 11:19 CIA. CLIENTE PART

DIAGNOSTICO : Traumatismo superficial del tobillo y de

MEDICO : GPM5 GONZALEZ PIMENTA MARIO SALVADOR

## EXPEDIENTE

CONCEPTO	DESCRIPCION	CANT	PRECIO UNIT.	DESCTO	SUBTOTAL	IMPUESTO	TOTAL
P3458	ESPONJA DE GASAS 10	3.00	301.80	0.00	905.40	135.81	1,041.21
0903570	VENDA ELASTICA 10	1.00	76.44	0.00	76.44	11.47	87.91
n16946 3	AGUA INYEC. ESTER.	2.00	17.02	0.00	34.04	0.00	34.04
SM-23	HOJA P/BISTURI No	1.00	27.12	0.00	27.12	4.07	31.19
sm-10	HOJA P/BISTURI No.	1.00	24.52	0.00	24.52	3.68	28.20
N03722 2	JERINGA 10 ML C/AG	3.00	34.06	0.00	102.18	15.33	117.51
TOTAL POR DEPTO:				17,095.56	2,123.75	19,219.31	
IMP. QUINCE 14,158.34					IMP. CERO 2,937.22		

DEPTO : 100 000030 CONTROL DE PSICOTROPICOS

N25265 4	DORMICUM AMP. 5MG.	1.00	191.20	0.00	191.20	0.00	191.20	9974 27/09/2006
N33257 7	BUFIGEN FCO. AMP 1	1.00	120.32	0.00	120.32	0.00	120.32	9974 27/09/2006
N33257 7	BUFIGEN FCO. AMP 1	2.00	120.32	0.00	240.64	0.00	240.64	9975 27/09/2006
TOTAL POR DEPTO:				552.16	0.00	552.16		
IMP. QUINCE 0.00					IMP. CERO 552.16			

DEPTO : 100 000040 CAJA HOSPITAL SAN JAVIER S.A. DE C.V.

99999999	SU PAGO GRACIAS ..	1.00	-20,000.00	0.00	-20,000.00	0.00	-20,000.00	6234 27/09/2006
99999999	SU PAGO GRACIAS ..	1.00	-38,636.15	0.00	-38,636.15	0.00	-38,636.15	36253 28/09/2006
TOTAL POR DEPTO:				-58,636.15	0.00	-58,636.15		
IMP. QUINCE 0.00					IMP. CERO -58,636.15			

TOTAL POR CORPORATIVO 100 -11,176.71

LQ185	ALCOHOL (ETANOL)	1.00	800.00	0.00	800.00	120.00	920.00	48207 27/09/2006
LH046	TROMBOPLASTINA PAR	1.00	234.78	0.00	234.78	35.22	270.00	48207 27/09/2006
LH045	TIEMPO DE PROTOMBI	1.00	234.78	0.00	234.78	35.22	270.00	48207 27/09/2006
LQ143	QUIMICA SANGUINEA	1.00	504.34	0.00	504.34	75.65	579.99	48207 27/09/2006
LQ070	ELECTROLITOS SERIC	1.00	693.92	0.00	693.92	104.09	798.01	48207 27/09/2006
LH006	BIOMETRIA HEMATICA	1.00	278.26	0.00	278.26	41.74	320.00	48207 27/09/2006
TOTAL POR DEPTO:				2,746.08	411.91	3,157.99		
IMP. QUINCE 2,746.08					IMP. CERO 0.00			

TOTAL POR CORPORATIVO 400 3,157.99

19070 5	ROCEPHIN IV 1 GR F	1.00	1,081.96	0.00	1,081.96	0.00	1,081.96	8417 27/09/2006
96637 0	DYNASTAT 40MG 2ML	1.00	756.36	0.00	756.36	0.00	756.36	8417 27/09/2006
25176 3	HUMULIN R 100UI SO	1.00	631.62	0.00	631.62	0.00	631.62	8417 27/09/2006
501070 1	zanidip tab 10mg c	1.00	538.20	0.00	538.20	0.00	538.20	8418 27/09/2006

PROGRAMA : repcarg1

SISTEMA DE ADMINISTRACION DE HOSPITALES \*\*\* SADHOS \*\*\*

USUARIO : mesac

DEC.12.2006 03:18

#0317 P.015 /021

28/09/2006 13:39:46

5

## ESTADO DE CUENTA TOTAL

7600 FARMACIA HOSPITAL SAN JAVIER

ZONA HOTELERA NORTE

TELEFONOS :

FAX

CUENTA : 300041849 GAMBERS TRAVIS

INGRESO: 27/09/2006 HORA ING: 00:37 CUARTO : 110

EGRESO : 28/09/2006 HORA EGR: 11:19 CIA. CLIENTE PART  
MEDICO : GPM5 GONZALEZ PIIMENTA MARIO SALVADOR

DIAGNOSTICO : Traumatismo superficial del tobillo y de

## EXPEDIENTE

CONCEPTO	DESCRIPCION	CANT	PRECIO UNIT.	DESCTO	SUBTOTAL	IMPUESTO	TOTAL
26617 5	DOLAC 30MG AMP C/3	1.00	583.00	0.00	583.00	0.00	583.00
25176 3	HUMULIN R 10QUI SO	1.00	631.62	0.00	631.62	0.00	631.62
26617 5	DOLAC 30MG AMP C/3	1.00	583.00	0.00	583.00	0.00	583.00
19070 5	ROCEPHIN IV 1 GR F	1.00	1,081.96	0.00	1,081.96	0.00	1,081.96
90357 9	COLGATE MFP*PDNT	1.00	12.10	0.00	12.10	1.82	13.92
318345	Oral B-35 advan/Ar	1.00	77.22	0.00	77.22	11.58	88.80
24207 1	DURACEF 500MG CAP	1.00	785.30	0.00	785.30	0.00	785.30
30384 4	VOLTAREN SR 75MG G	1.00	611.58	0.00	611.58	0.00	611.58
82985 2	SINERGIX 10MG CAPS	1.00	631.40	0.00	631.40	0.00	631.40
TOTAL POR DEPTO:				8,005.32	13.40	8,018.72	
IMP. QUINCE 89.32					IMP. CERO	7,916.00	
TOTAL POR CORPORATIVO 7600					8,018.72		

DEPTO : 910 000000 HONORARIOS MEDICOS							
HONO DR RODOLFO MEDINA	1.00	44,000.00	0.00	44,000.00	0.00	44,000.00	25848 28/09/2006
TOTAL POR DEPTO:				44,000.00	0.00	44,000.00	
				IMP. QUINCE 0.00	IMP. CERO	44,000.00	

TOTAL POR CORPORATIVO 910 44,000.00

## \* NOTA :

EL ESTADO DE CUENTA ES VALIDO PARA LA FECHA Y HORA EXPEDIDA,  
Y SOLO SERA DEFINITIVO CUANDO LA FECHA Y HORA DE EGRESO SE  
ESPECIFICA EN EL ENCABEZADO DE ESTE.  
SE LES RECUERDA QUE EL VENCIMIENTO DE LA OCUPACION DEL CUARTO ES A LAS 12:00 HORAS

DEC.12.2006 03:18

28/09/2006 13:39:46 ESTADO DE CUENTA TOTAL  
910 CAJA DE MEDICOS

HOJA .

6

TELEFONOS : FAX

CUENTA : 300041849 GAMBERS TRAVIS INGRESO: 27/09/2006 HORA 1NG: 00:37 CUARTO : 110

EGRESO : 28/09/2006 HORA EGR: 11:19 CIA. CLIENTE PART  
MEDICO : GPM5 GONZALEZ PIMENTA MARIO SALVADOR

DIAGNOSTICO : Traumatismo superficial del tobillo y de

## EXPEDIENTE

CONCEPTO	DESCRIPCION	CANT	PRECIO UNIT.	DESCTO	SUBTOTAL	IMPUESTO	TOTAL
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## RESUMEN DE CARGOS

## 100 HOSPITAL SAN JAVIER MARINA S.A. DE C.V.

000000 HOSPITALIZACION (HABITACION)	6,143.99
000001 URGENCIAS	2,864.05
000002 INSUMOS DE PISO	6,574.00
000006 QUIROFANO	6,871.99
000015 IMAGENOLOGIA	5,233.95
000016 INSUMOS DE QUIROFANO	19,219.31
000030 CONTROL DE PSICOTROPICOS	552.16
000040 CAJA HOSPITAL SAN JAVIER S.A. DE C.V.	-58,636.15

## 400 LABORATORIO HOSPITAL SAN JAVIER MARINA

000000 LABORATORIO	3,157.99
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## 7600 FARMACIA HOSPITAL SAN JAVIER

000002 FARMACIA HOSPITAL SAN JAVIER S.A. DE C.V.	8,018.72
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## 910 CAJA DE MEDICOS

000000 HONORARIOS MEDICOS	44,000.00
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## SALDO PARCIAL DE LA CUENTA

CARGOS :	102,636.15
ABONOS :	-58,636.15
SUBTOTAL :	44,000.00

## SALDO TOTAL DE LA CUENTA

CARGOS TOTALES :	102,636.15
ABONOS TOTALES :	-58,636.15
SALDO GLOBAL :	44,000.00

R. A: MGQ



DEC.12.2006 03:19

#0317 P.017 /021

100B10.00H 27/09/2006 00:37:30  
 FOLIO 9118  
 6234



RECIPIENTE: TRAVIS GAMBERS

LA CANTIDAD DE:

20.000.00 VEINTE MIL PESOS 00/100 M.N.

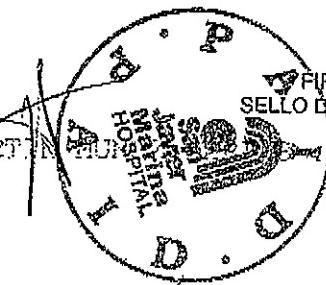
POR CONCEPTO DE: 01.- ANTICIPO DE HOSPITALIZACION

PACIENTE: GAMBERS TRAVIS

TIPO DE PAGO: TO No. DE CUENTA: 300041849 FECHA INGRESO: 26/09/2006

PTO. VALLARTA, JAL A 27 DE SEPTIEMBRE DE 2006

HECTOR MARTIN MUÑOZ



### Hospital San Javier Marina, S.A. de C.V.

Bvd. Edo. Medina Ascencio 2760

Zona Hotelera Nte C.P. 48333

Tel (322) 2261010

Pto. Vallarta Jal, Mex.

### ORIGINAL CLIENTE

BANORTE  
 VENTA  
 HOSP SAN JAVIER MARINA  
 EDO MEDINA ASCENCIO NO 2760  
 8682569  
 CAJA: 2

NUMERO DE TARJETA/CTA EXP  
 545900117014971 0609  
 CREDITO/MASTERCARD/EXTRANJERA

-C-O-P-I-A-  
 IMPORTE \$20000.00

APROBADA OPER. 254  
 REF. 000254  
 NUM. SEC. 001511254  
 AUT. 027188

FECHA: 27 SEPT. 2006  
 HORA: 00:31:43

FIRMA  
 GAMBERS/ TRAVIS  
 ME DEBOGO EN LOS TERMINOS DADOS  
 AL REVERSO DE ESTE PAGARE  
 TMV100K-E

ESTE RECIBO NO ES VALIDO SIN LA FIRMA Y SELLO DEL CAJERO



3276 Westchester Avenue, 2<sup>nd</sup> Fl., Bronx, N.Y. 10461, (718) 931-5550

Date: 11/20/06

Patient name: Travis Chambers  
 Diagnosis: Slip. & Fall - L5/S1 OFL  
 Doctor: Katrina

8/24.2

Subjective

History of present

illness: Pt had a slip & fall on a wet floor 9/26/06 → Sx COREP (G. Ankle) right away → had a visit an MD in MS P. → pt now in P. at home using A/C (R), however no longer outdoors. EW.C & campst; motes/pins Current chief: low back pain however pt plans on removing them. complaints: (P) 7/9 (10 VAS Scale)

(in Mexico) 9/26/06

Occupation/Job

description: Retired

Current Functional

deficits: Amb

Recreational Activities:

Medical

History/Surgeries: epileptic, diabetes, (D) hip replacement (93'),  
Bone chondromalacia, LBP

Prior treatment:

Current medications: peracet, epilepsy med.

Patient

goals: Amb, return to full function

Objective:

Observation/Inspection: mild warmth to touch (S), incision site (OS).

Relative edema or atrophy: L9cm figure (A) R 56cm

Postural assessment:

Gait deviations:

JOINT	AROM	PROM	MMT grade	End feel/ mobility
ankle DF	10°	5°	13°	NT (E) Resistance lost Capable.
PF	60°	40°	65°	@ least
Inv	30°	15°	40°	3/5
EV	15°	20	20°	↓.

Repetitive motion testing (for lumbar or cervical only): \_\_\_\_\_  
 Flexibility deficiencies: ↓ right flexibility

Special testing:  
Homan's  sensation  deep (volcar front) \_\_\_\_\_

Functional testing:  
 Lifting a) floor to waist \_\_\_\_\_ b) floor to shoulder \_\_\_\_\_ c) overhead \_\_\_\_\_  
 Squatting \_\_\_\_\_  
 Climbing a) steps  b) ladder  c) other \_\_\_\_\_

Assessment: pt is a 49 y.o. ♂. S/I P/L Lumbosacral, neck pain & ILL. w/c & lumb. Pt presents with pain, ↓ flexibility, ↓ power strength. Leg for wt bearing activities.

#### Goals:

##### Short term goals (1-2 weeks)

- pt ↑ from 50%.
- pt ↑ strength 1/2 grade
- pt amb w/ATL & not A.D. in min - (P)

##### Long term goals (2 weeks to discharge)

- pt ↑ from 50% to 100% to clear for E strains
- pt ↑ strength to optimize wt bearing activities
- pt amb in or S.A. D in min - (P)

treatment:  patient education (including joint protection, postural, body mechanics/ ergonomics, instruction in HEP),  manual therapies (including STM, MFR, joint mobilization, manual traction,  strain/counterstrain),  therapeutic exercise,  neuromuscular reeducation,  gait training,  dynamic activities (including balance/ proprioceptive training, agility/ plyometric exercise, ),  functional retraining (including work conditioning),  therapeutic modalities

Thank you for the referral of Travis Chambers. Please feel free to contact us at (718) 931-5550 regarding this patient.

Sincerely,

  
Joseph J. Castelli Jr. PT, CSCS, CEAS, C.Ped  
Director  
N.Y. License 021420-1

Karn Santikul, DPT  
Staff Physical Therapist  
N.Y. License 026668-1



RECOVERY  
PHYSICAL  
THERAPY, P.C.

PATIENT NAME: Travis Gambers  
DX:

DATE: 11/22/06

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
Patient pain level @ 5 /10

Objective: Area treated: (D) ankle Swelling: \_\_\_\_\_ Ecchymosis: \_\_\_\_\_  
ROM: Gait training = boot & PA-C WDAT  
Strength: 4/5 ankle peroneals & D/F  
Function: stance as per usual. Add resistance, squat, hip, squat, lunge.

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated per protocol Discharge from Physical Therapy

Comments: SURF & of ankle

Therapist's Signature: Mark Gambers

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation	
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DATE: 11/27/06

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
Patient pain level @ 1 /10 doing okay

Objective: Area treated: (D) ankle Swelling: \_\_\_\_\_ Ecchymosis: \_\_\_\_\_  
ROM: NP @ mid ankle & distal shaft.  
Strength: 10/10 g. stance as per usual  
Function: Add SURF & C.R. w/p.

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated per protocol Discharge from Physical Therapy

Comments: Stable. VC w/ all of life

Therapist's Signature: Mark Gambers

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation	
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PATIENT NAME: Travis Gammie  
 DX:

DATE: 11/29/06

Subjective: Unremarkable  No new complaints  Increase/Decrease pain after last visit  
 Patient pain level @ /10 0 pain was having P/S/E V@ home

Objective: Area treated: 1 ankle Swelling: \_\_\_\_\_ Ecchymosis: \_\_\_\_\_  
 ROM: Snj 07L1 (from DFL) (all good w/ no restriction)  
 Strength: S/L S C/S V/S ↓ 77%.  
 Function: there's as per chart. A/C. i/o p.

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met:  
Pt tolerated treatment well  Home exercise program reviewed  Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol  Discharge from Physical Therapy  
Comments: At this time I instructed pt to wear off of VLC → (B) A/C to  
comer to PT. Pt already subs A/C around the house

Therapist's Signature: Melissa

97001 Initial Evaluation	97002 Re-Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation	
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DATE: 12/1/06

Subjective: Unremarkable  No new complaints  Increase/Decrease pain after last visit  
 Patient pain level @ /10 0

Objective: Area treated: 1 ankle ORIE Swelling: \_\_\_\_\_ Ecchymosis: \_\_\_\_\_  
 ROM: DFL  
 Strength: Revised - Grade 2 medial incisional scar  
 Function: \_\_\_\_\_

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met:  
 Pt tolerated treatment well  Home exercise program reviewed  Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol  Discharge from Physical Therapy  
Comments: Upgraded to C/FWB, encourage to D/C w/  
lower TB for 4D.

Therapist's Signature: K. S. J., DPT #028668

97001 Initial Evaluation	97002 Re-Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation	
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PATIENT NAME: Travis Gubers  
 DX:

DATE: 12/4/06

Subjective: Unremarkable      No new complaints      Increase/Decrease pain after last visit  
 Patient pain level @ /10 I felt very sore & the pt did the massage.

Objective: Area treated: (L) Ankle      Swelling: (+)      Ecchymosis: (-)  
 ROM: full heel cords.  
 Strength: Palpable muscle tone p the proximal medial scutula  
 Function: Swellings @ the medial tibia The ex per flow sheet

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
X Pt tolerated treatment well Home exercise program reviewed X Ther Ex program as per flow sheet

Plan: X Upgrade activities as tolerated/per protocol      Discharge from Physical Therapy

Comments: progress difficult mobility exp's

Therapist's Signature: J. C. Stell PT 02/14/20-1 NY

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 12/6/06

Subjective: Unremarkable      No new complaints      Increase/Decrease pain after last visit  
 Patient pain level @ 6 /10 He was very sore. He did more walking.

Objective: Area treated: (L) Ankle      Swelling: (+)      Ecchymosis: (-)  
 ROM: full heel cords.  
 Strength: no no  
 Function: WBAT → (L) LE not able to walk without assistance. 2) Balance: unable to perform

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
X Pt tolerated treatment well Home exercise program reviewed X Ther Ex program as per flow sheet

Plan: X Upgrade activities as tolerated/per protocol      Discharge from Physical Therapy  
 Comments: Pt required ac. for proper heel strike, toe off pattern  
Crutch use.

Therapist's Signature: J. C. Stell PT 02/14/20-1 NY

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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RECOVERY  
PHYSICAL  
THERAPY, P.C.

PATIENT NAME: Travis Gorges  
DX:

DATE: 12/8/06

<u>Subjective:</u>	<u>Unremarkable</u>	<u>No new complaints</u>	<u>Increase/Decrease pain after last visit</u>
Patient pain level @ <u>/10</u>			
<u>Objective:</u>	<u>Area treated:</u>	<u>Swelling:</u>	<u>Echymosis:</u>
		<u>(L)</u>	
<u>Assessment:</u>	<u>STG Current:</u> <u>Pt tolerated treatment well</u>	<u>Met:</u> <u>Home exercise program reviewed</u>	<u>LTG Current:</u> <u>Ther Ex program as per flow sheet</u>
<u>Plan:</u>	<u>Upgrade activities as tolerated/per protocol</u>		
<u>Comments:</u>	<u>Discharge from Physical Therapy</u>		

Therapist's Signature: J. Gorges

PT. OLYMPIA

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation	
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DATE: 12/11/06

<u>Subjective:</u>	<u>Unremarkable</u>	<u>No new complaints</u>	<u>Increase/Decrease pain after last visit</u>
<u>Patient pain level @ <u>5</u> /10</u>			
<u>I swelling &amp; bleeding &amp; swelling Board but it was very sore"</u>			
<u>Objective:</u>	<u>Area treated:</u> <u>(L) ankle</u>	<u>Swelling:</u> <u>(+)</u>	<u>Echymosis:</u> <u>(+)</u>
<u>Assessment:</u>	<u>STG Current:</u> <u>Pt tolerated treatment well</u>	<u>Met:</u> <u>Home exercise program reviewed</u>	<u>LTG Current:</u> <u>Ther Ex program as per flow sheet</u>
<u>Plan:</u>	<u>Upgrade activities as tolerated/per protocol</u>		
<u>Comments:</u>	<u>Physical therapy - try Ambulet is ideal next week</u>		
Therapist's Signature: <u>J. Gorges</u>			
<u>PT. OLYMPIA</u>			

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation	
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RECOVERY  
PHYSICAL  
THERAPY, P.C.

PATIENT NAME: Travis Gembors  
DX:

DATE: 12/13/06

<u>Subjective:</u> Unremarkable		No new complaints	Increase/Decrease pain after last visit			
Patient pain level @ <u>3</u> /10		<u>Show yesterday @ 7/10</u>	<u>more like weather.</u>			
<u>Objective:</u> Area treated: <u>(L) Ankle/foot</u>		Swelling: <u>(-)</u>	Ecchymosis: <u>(0)</u>			
ROM:						
Strength:						
Function: <u>Pt ambulates &amp; B/C crutches w/ S.A.T. (-)</u>		<u>This is per flow sheet</u>				
<u>Assessment:</u> STG Current: <u>Met:</u>		LTG Current: <u>Met:</u>				
Pt tolerated treatment well		Home exercise program reviewed	Ther Ex program as per flow sheet			
<u>Plan:</u> Upgrade activities as tolerated/per protocol		Discharge from Physical Therapy				
Comments: <u>gait → progress to SAC (cane) or all time surfaces w/ crutches.</u>						
Therapist's Signature: <u>JC Castell PT 021420-1</u>						
97001 Initial Evaluation	97002 Re-Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation

DATE: 12/15/06

<u>Subjective:</u> Unremarkable		No new complaints	Increase/Decrease pain after last visit			
Patient pain level @ <u>5</u> /10		<u>I am having</u>	<u>side of my ankle</u>			
<u>Objective:</u> Area treated: <u>(L) Ankle</u>		Swelling: <u>(-)</u>	Ecchymosis: <u>(0)</u>			
ROM: <u>tight Achilles.</u>						
Strength:						
Function: <u>Ambulates &amp; can coast, SAC on all surfaces. This is per flow sheet</u>						
<u>Assessment:</u> STG Current: <u>Met:</u>		LTG Current: <u>Met:</u>				
Pt tolerated treatment well		Home exercise program reviewed	Ther Ex program as per flow sheet			
<u>Plan:</u> Upgrade activities as tolerated/per protocol		Discharge from Physical Therapy				
Comments: <u>gait → progress to SAC &amp; Ar coast to be worn for 4-6 weeks w/ year no</u>						
<u>Therapist's Signature: <u>JC Castell PT 021420-1</u></u>						
97001 Initial Evaluation	97002 Re-Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation



RECOVERY  
PHYSICAL  
THERAPY, P.C.

PATIENT NAME: T Gagnis  
DX:

DATE: 12/20/06

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ 5 /10 5/10 at rest initially then later  
dx. is not yet fit

Objective: Area treated: L foot Swelling: - Ecchymosis: 0  
 ROM: full range day/night  
 Strength: full exercise  
 Function: ambulate & equip (c) care.

Assessment: STG Current: Met: LTG Current: Met:  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: moderate pain @ foot (in rest)

Therapist's Signature: J. Custer At 021420-17

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 12/22/06

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ 5 /10 I still have pain if I walk for longer.  
the cramps still hurt.

Objective: Area treated: L ankle Swelling: - Ecchymosis: 0  
 ROM: full range  
 Strength: 4/5 +  
 Function: Initial ambulation without assist. Then can go short distances.

Assessment: STG Current: Met: LTG Current: Met:  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: Pt regains bc for pain less well. No cramps in rest.

Therapist's Signature: J. Custer At 021420-17

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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RECOVERY  
PHYSICAL  
THERAPY, P.C.

PATIENT NAME: Travis Grigsby  
DX:

DATE: 1/29/06

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ 5 /10 " I still have pain on each side of JT  
more on the inside."

Objective: Area treated: (1) Ankle/Fst Swelling: (0) Ecchymosis: (-)  
 ROM: 45° - 70° tmt Corpse Ptthn: min pos tmb & the child touchmed leg. (lower gastro)  
 Strength: 4/5 Tm  
 Function: Scur - Normal heel, not raised.

Assessment: STG Current: Met: LTG Current: Met:  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: I pain off during Sct.  
Pt smokes - has diabetes - may be experiencing heel process  
gastro tendons related to gait/Biomechanics, I heel strike/for off

Therapist's Signature: J Castelli PT 021420-1m

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation	
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DATE: 1/3/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ 5 /10 clso or swelling in (1) ankle, double gait on shoulders.

Objective: Area treated: (1) Ankle Swelling: (0) Ecchymosis: (0)  
 ROM: 45° - 70°.  
 Strength:  
 Function: 1.5 cm asym - Travis used no equipment The ex per flow sheet  
vs (2) ankle

Assessment: STG Current: Met: LTG Current: Met:  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: - heel asymmetry  
- some over reaction to palpation @ the 5th m. It's  
no swelling or definite pain.

Therapist's Signature: J Castelli PT 021420-1m

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation	
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RECOVERY  
PHYSICAL  
THERAPY, P.C.

PATIENT NAME: Travis Gamperle  
DX:

DATE: 1/8/07

Subjective:	Unremarkable	No new complaints	Increase/Decrease pain after last visit			
Patient pain level @ <u>5</u> /10 <u>at left side from the waist down yesterday. I had to sit many, changed normal? y</u>						
Objective:	Area treated: <u>L Ankle</u>	Swelling: <u>( )</u>	Ecchymosis: <u>( )</u>			
ROM:	<u>light heel curl</u>					
Strength:	<u>Palpation: moderate tenderness at the Ther Ex pre-flow sheet medial distal shin</u>					
Function:	<u>medial distal shin</u>					
Assessment:	STG Current: <u>Met:</u>	LTG Current: <u>Met:</u>	Ther Ex program as per flow sheet			
	<u>Pt tolerated treatment well</u>					
Plan:	Upgrade activities as tolerated/per protocol Discharge from Physical Therapy					
Comments:	<u>Mild Ankle pain today connected to heel cues med Calf pain/tenderness 2<sup>nd</sup> to 3<sup>rd</sup> Altered biomechanics, deny crut.</u>					
Therapist's Signature: <u>Castillo PT 02142007</u>						
97001 Initial Evaluation	97002 Re-Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation

DATE: 1/8/07

Subjective:	Unremarkable	No new complaints	Increase/Decrease pain after last visit			
Patient pain level @ <u>5</u> /10 <u>left waist too bad, but I get sharp pain in the inside of my mle.</u>						
Objective:	Area treated: <u>L knee</u>	Swelling: <u>( )</u>	Ecchymosis: <u>( )</u>			
ROM:	<u>Palpation: medial joint, if synovitis medial collateral melt to fibula</u>					
Strength:	<u>Function:</u>					
Assessment:	STG Current: <u>Met:</u>	LTG Current: <u>Met:</u>	Ther Ex program as per flow sheet			
	<u>Pt tolerated treatment well</u>					
Plan:	Upgrade activities as tolerated/per protocol Discharge from Physical Therapy					
Comments:	<u>- soft tissue synovitis 2<sup>nd</sup> to altered gait pattern. relax 2 days down mobility</u>					
Therapist's Signature: <u>Castillo PT 02142007</u>						
97001 Initial Evaluation	97002 Re-Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation



PATIENT NAME: Travis Gamper  
DX:

DATE: 1/10/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
Patient pain level @ 4 /10 ext, still very stiff

Objective: Area treated: (1) Ankle Swelling: (-) Ecchymosis: (0)  
ROM: ptopl. (+) medial (distal) leg - tibia  
Strength: (1) right succ. - regular  
Function: 2nd. mid ankle, in patella Ther ex ok

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: ✓ Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: Pt well educated per pt. Educated on (1)

Therapist's Signature: J. Castell PT 021420-1NY

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 1/12/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
Patient pain level @ 5 /10 I don't understand why she has some swelling in my foot.

Objective: Area treated: (1) Ankle Swelling: (0) Ecchymosis: (0)  
ROM: full,  
Strength: no 4/5 distal phal.  
Function: ambulates in sac on all surfaces

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: ✓ Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: The ex per flow sheet  
not swollen, sci may be related to diabetes.

Therapist's Signature: J. Castell PT 021420-1NY

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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PATIENT NAME: Travis Grampers  
 DX:

DATE: 1/15/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ 5 /10 my whole body aches so much after the weather is cold and dry.  
(for neck and lower back)

Objective: Area treated: (D) neck Swelling: (-) Ecchymosis: (-)  
 ROM: tight but heel works.  
 Strength: 4/5 L5 T6  
 Function: up and down The leg can flex and extend

Assessment: STG Current: Met: LTG Current: Met:  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

Comments: capsule dryness, mild restrictions, entirely  
: pt still has mild to moderate difficulty with his, possible non-acute related  
MMT not needed

Therapist's Signature: J. Castell PT 021420-1ny

97001 Initial Evaluation	97002 Re-Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 1/17/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ 5 /10 less pain in the outside of the foot/Ankle  
Pain is less frequent but still occurs about 1/2

Objective: Area treated: (D) heel last Swelling: (-) Ecchymosis: (-)  
 ROM: 85 90 150 PR  
 Strength: 4/5  
 Function: had difficulty sitting (-) - counted to 100

Assessment: STG Current: Met: LTG Current: Met:  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: Pt has atrophy to lower (L) LE and does heel strike consistently.

Therapist's Signature: J. Castell PT 021420-1ny

97001 Initial Evaluation	97002 Re-Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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PATIENT NAME: Travis Gamper  
DX:

DATE: 1/19/07

Subjective: Unremarkable      No new complaints      Increase/Decrease pain after last visit  
 Patient pain level @ /10

Objective: Area treated: \_\_\_\_\_ Swelling: \_\_\_\_\_ Ecchymosis: \_\_\_\_\_  
 ROM: \_\_\_\_\_ Strength: \_\_\_\_\_ Function: \_\_\_\_\_

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
Comments: Pt tolerated treatment well      Home exercise program reviewed      Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol      Discharge from Physical Therapy

Comments:

Therapist's Signature: Jx/Castell PT 02/19/07

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 1/22/07

Subjective: Unremarkable      No new complaints      Increase/Decrease pain after last visit  
 Patient pain level @ 5 /10      Clt hurt w/ cl walk frable.

Objective: Area treated: L ankle      Swelling: (-) Ecchymosis: (-)  
 ROM: \_\_\_\_\_ Strength: Palpation: mid lateral Ies - marked tender, Eo - (+)  
Function: Ther apn frght

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
Comments: Pt may be diabetic so's not occur to play activty, eat      burnt activty.

Plan: Upgrade activities as tolerated/per protocol      Discharge from Physical Therapy

Comments: Pt may be diabetic so's not occur to play activty, eat      burnt activty.

Therapist's Signature: Jx/Castell PT 02/19/07

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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PATIENT NAME: Taylor Gundersen  
 DX:

DATE: 1/24/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ /10 5 = lateral tarsal, no swelling = typical

Objective: Area treated: L foot Swelling: 0 Ecchymosis: 0  
 ROM:  
 Strength: Patent & tender, + swelling, no trophic D  
 Function:

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met:  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: Possible peripheral neuropathy MD seen 1/25/07  
Care or ketosis for pains

Therapist's Signature: J. Carter PT 02423-11

97001 Initial Evaluation	97002 Re-Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation	
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DATE: 1/26/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ /10

Objective: Area treated: L Swelling: \_\_\_\_\_ Ecchymosis: \_\_\_\_\_  
 ROM:  
 Strength: Spasms called - related to last npt & Abdominal  
 Function: pain.

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met:  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: L

Therapist's Signature: S. Gundersen

97001 Initial Evaluation	97002 Re-Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation	
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PATIENT NAME: T Gamber  
DX:DATE: 1/29/07

Subjective	Unremarkable	No new complaints	Increase/Decrease pain after last visit	
Patient pain level @	/10	<i>Called hospital over weekend Assume pain, pt. not seen but more tests, and x-ray</i>		
Objective	Area treated:	Swelling:	Eccymosis:	
ROM:				
Strength:				
Function:	<i>(W)</i>			
Assessment	STG Current:	Met:	LTG Current:	Met:
	Pt tolerated treatment well		Home exercise program reviewed	Ther Ex program as per flow sheet
Plan	Upgrade activities as tolerated/per protocol			
Comments	Discharge from Physical Therapy			

Therapist's Signature: *[Signature]*

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 2/12/07

Subjective	Unremarkable	No new complaints	Increase/Decrease pain after last visit	
Patient pain level @	5 /10 <i>the surgeon last week I will have to have the [unclear] (metal) back out @ the end of the yr. It didn't feel right.</i>			
Objective	Area treated: <i>(L) ankle</i>	Swelling: <i>(S)</i>	Eccymosis: <i>(E)</i>	
ROM:	<i>no 2 wk, except for 10° dorsiflexion (D)</i>			
Strength:				
Function:	<i>Palpation: (P) tender, E/F soft</i>		<i>Tricep surae flexion</i>	
Assessment	STG Current:	Met:	LTG Current:	Met:
	Pt tolerated treatment well		Home exercise program reviewed	Ther Ex program as per flow sheet
Plan	Upgrade activities as tolerated/per protocol			
Comments	<i>Pain over the back - mainly in the midline This ex: Sit, stand, walk, lying and mobilization, Avoidant posture / soft tissue massage 2° to pain</i>			
Therapist's Signature:	<i>[Signature] PT 02/12/07</i>			

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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2/15/07

PATIENT NAME: Trevor Gaskins

DX:

DATE:

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit

Patient pain level @ 5 /10 Pain in the front of the ankle when I walk, especially  
in all the movements on the ground.Objective: Area treated: (L) Ankle Swelling: (-) Ecchymosis: (-)ROM: tight heel board,Strength: Po<sup>ly</sup>pt. moderate tenderness @ tendons, extensor digitorum tendonsFunction: mid Ankle joint then can runAssessment: STG Current: Met: LTG Current: Met:  
 Pt tolerated treatment well  Home exercise program reviewed  Ther Ex program as per flow she

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy

Comments: pt is soft tissue manage. mid tendons @ the extensor digitorum tendons.  
monitor closely.Therapist's Signature: JC

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 2/19/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit

Patient pain level @ 5 /10 pt. got up of antem. call up eye.Objective: Area treated: (L) Ankle Swelling: (-) Ecchymosis: (-)

ROM:

Strength: Po<sup>ly</sup>pt. moderate tenderness @ the proximal tendons,Function: twisted -Assessment: STG Current: Met: LTG Current: Met:  
 Pt tolerated treatment well  Home exercise program reviewed  Ther Ex program as per flow shePlan:  Upgrade activities as tolerated/per protocol Discharge from Physical TherapyComments: most likely exp'ing in a need "hardware" in sole.  
pt expect hardware to be removed in Sept '07Therapist's Signature: JC / (R) PT 02/14/20-17

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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PATIENT NAME: Trevor Gumbos  
DX:DATE: 2/23/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ 6 /10 sharp pain @ toes, mostly dull/aching @ rest.  
Very sharp & increases but tapers off and feels better

Objective: Area treated: - Ankle - (L) Swelling: mild Ecchymosis: 0  
 ROM: t/t full range  
 Strength: 4/5  
 Function: 1) Pain is less during sitting, stairs T↓, r/t = 2nd day, 3rd day.

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
Pt tolerated treatment well  Home exercise program reviewed  Ther Ex program as per flow s

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: - Pt exp. pain / swelling t/pedal study > 3 days  
- Pt had muscle spasms during exertion, takes sed as needed, T↓ (X)

Therapist's Signature: J. Castile PT 02420-17

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 2/28/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ 5 /10 " my ankle was edema, a lot for 3 days. Walking was difficult on cool surfaces!"

Objective: Area treated: (L) Ankle Swelling: (+) Ecchymosis: (0)  
 ROM: t/t full range  
 Strength: no  
 Function: good: mild edema still. (L) There is no flexion/extension  
 t/t heel strike, some pain.

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
Pt tolerated treatment well  Home exercise program reviewed  Ther Ex program as per flow s

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: Pt had pain upon palpation to lateral malleolus and medial fibula, mild relief in soft tissue

Therapist's Signature: J. Castile PT 02420-17

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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PATIENT NAME: Terry Grubbs  
DX:DATE: 3/2/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ 5 /10. This weather is so rough, in cold. It's very  
Sore and painful.

Objective: Area treated: Ankle (L) Swelling: (-) Ecchymosis: (-)  
 ROM: \_\_\_\_\_  
 Strength: Palpates marked pain upon palpation & takes lateral skin site  
 Function: and does not take, is withdrawn.

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow s

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: worked on soft tissue swelling, was managed, better  
progress to follow.

Therapist's Signature: Linda P. Dillard, RPT

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 3/5

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ 5 /10. marked pain on each side of foot

Objective: Area treated: 1. ankle Swelling: (-) Ecchymosis: (-)  
 ROM: L, M, heel cords  
 Strength: M/L The forward plane, transverse plane (L)  
 Function: Palpate: marked tenderness @ the distal fibula to sur  
and lateral fibula.

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sh

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: Possible pin from metal implant.

Therapist's Signature: Linda P. Dillard, RPT

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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PATIENT NAME: Travis Gammie  
 DX:

DATE: 3/7/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ 5 /10 "Pain is going up stairs, sharp on sides of it, I tolerate it for relief."

Objective: Area treated: L ankle Swelling: 0 Ecchymosis: 0  
 ROM: bright heel down.  
 Strength: Patent: m-l 3+ (D)  
 Function: The expansion in: BAPS lead 4

Assessment: STG Current: Met: LTG Current: Met:  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: Other i pin ingred and soft tissue flexibility, Below  
most likely metal implants causing pain. @ (1) fibular st, and distal tib/fib.

Therapist's Signature: J. Castile PT 021420-1/mj

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 3/9/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ 0 /10

Objective: Area treated: 0 Swelling: 0 Ecchymosis: 0  
 ROM: 0  
 Strength: 0  
 Function: 0

Assessment: STG Current: Met: LTG Current: Met:  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments:

Therapist's Signature: J. Castile

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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PATIENT NAME:  
DX:

Travis Gamber

DATE: 3/12/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
Patient pain level @ 5 /10

Objective: Area treated: (1) Ankle Swelling: (0) Ecchymosis: (0)  
ROM: tight dist. Strength: 4/5 - Equal pain L/R Function: ambulate well (L) Thera ex per flow sheet

Assessment: STG Current: Met: LTG Current: Met:  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: - ↓ swelling over time, monitor closely and -  
take as needed this if continue doesn't change

Therapist's Signature: J. C. Ostello PT 021420-1

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 3/14/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
Patient pain level @ 5 /10 I had pain in the side of my heel area.

Objective: Area treated: (1) Ankle Swelling: (0) Ecchymosis: (0)  
ROM: no, tight heel area Strength: 4/5 Function: ambulate well Thera ex per flow sheet

Assessment: STG Current: Met: LTG Current: Met:  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow sheet

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: more swelling today @ status @ 3/12/07 stay home

Therapist's Signature: J. C. Ostello PT 021420-1

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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PATIENT NAME: Tess (Gawha)  
DX:

DATE: 3/16/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
Patient pain level @ /10

Objective: Area treated: \_\_\_\_\_ Swelling: \_\_\_\_\_ Ecchymosis: \_\_\_\_\_  
ROM: \_\_\_\_\_ Strength: \_\_\_\_\_ Function: \_\_\_\_\_

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: \_\_\_\_\_

Therapist's signature: J. S. J.

97001	97002	97110	97112	97530	97140	G0281
Initial Evaluation	Re-Evaluation	Therapeutic Exercise	Neuromuscular Re-education	Therapeutic Activities	Manual Therapy	Electric Stimulation

DATE: 3/23/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
Patient pain level @ /10 pt has some pain in the lateral only  
pt has some pain in the knee - this pain is not steady.

Objective: Area treated: (L) knee Swelling: (+) Ecchymosis: (-)  
ROM: full range of motion, slightly stiff MFC (R)  
Strength 4/5 knee, able to stand alone  
Function Improved gait - mild cramps. Ther ex is leg pre. w/ LP

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: Pt has prescription for knee treatment, so appears to be controlled  
to comp - follow up. Rx is

Therapist's signature: J. S. J. / Instell, PT 021420-07

97001	97002	97110	97112	97530	97140	G0281
Initial Evaluation	Re-Evaluation	Therapeutic Exercise	Z	Neuromuscular Re-education	Therapeutic Activities	Manual Therapy

PATIENT NAME: Travis Grubbs  
DX:DATE: 3/26/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ 5/10 my knee feels better but my L/H  
Objective: Area treated (1) knee (2) knee Swelling: ( ) Ecchymosis: ( )  
 ROM: ↓ heel curl Strength: Palpation (1) normal (dotted lines)  
 Function: (6) easy (7) no The ex per fine

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
 Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: Sessions cap @ 12 weeks AHS (P) held off on my weight lifting

Therapist's signature: J Castell PT 02142007

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 3/28/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ 5/10 my knee feels better

Objective: Area treated: (L) Ankle Swelling: ( ) Ecchymosis: ( )  
 ROM: mild tightness & aches  
 Strength: No new S, R same as 3/26/07  
 Function: The cap fine

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
 Pt tolerated treatment well Home exercise program reviewed Ther Ex program as per flow

Plan: Upgrade activities as tolerated/per protocol Discharge from Physical Therapy  
Comments: I send over later cap - total rehab  
(-ans - PR, DF, IWR, (W) EV

Therapist's signature: J Castell PT 02142007

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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PATIENT NAME: Travis Gamber  
DX:

DATE: 3/30/07

Symptoms: Unremarkable      No new complaints      Increase/Decrease pain after last visit  
Patient pain level (@) 3 / 10      My ankle on the side hurt.

Objective: Area treated Glute      Swelling: 0      Ecchymosis: 0  
ROM: Right heel cuts  
Strength: Palmaris longus tendon @ EO took cut with  
Function: Strength: I hit a log      Ther ex on foot

Assessment: STG Current:      Met:      LTG Current:      Met:  
 Pt tolerated treatment well      Home exercise program reviewed      Ther Ex program as per fl.

Plan: Upgrade activities as tolerated/per protocol      Discharge from Physical Therapy  
Comments: B/C 2 wks - 2 hrs

Therapist's Signature: V. Gamber PT 021426-1

97001 Initial Evaluation	97002 Re-Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 4/4/07

Symptoms: Unremarkable      X No new complaints      Increase/Decrease pain after last visit  
Patient pain level (@) /10

Objective: Area treated: K      Right ankle      Swelling: +      Ecchymosis: 0  
ROM: W/F  
Strength:  
Function: Ther ex on foot flow gash.

Assessment: STG Current:      Met:      LTG Current:      Met:  
 Pt tolerated treatment well      Home exercise program reviewed      Ther Ex program as per fl.

Plan: Upgrade activities as tolerated/per protocol      Discharge from Physical Therapy  
Comments: Progressing well. Bal / prop training

Therapist's Signature: V. Gamber, PT 021426-1

97001 Initial Evaluation	97002 Re-Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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PATIENT NAME: Travis Gamber  
DX:

DATE: 7/9/07

Subjective:	Unremarkable	No new complaints	Increase/Decrease pain after last visit
Patient pain level (0-10)	0 / 10 I feel good for the last few days, there isn't any pain		
Objective:	Area treated: <u>1. Numb</u>	Swelling: <u>0</u>	Echymosis: <u>0</u>
ROM:			
Strength:	4/5 flexed pain		
Function:	Palpation: mild tenderness @ knee. The knee flexes well. P <sup>+</sup> & E <sup>+</sup> tendons.		
Assessment:	STG Current: <u>Met</u>	LTG Current: <u>Met</u>	Met: <u>Met</u>
	Pt tolerated treatment well	Home exercise program reviewed	Ther Ex program as per flo
Plan:	Upgrade activities as tolerated/per protocol Discharge from Physical Therapy		
Comments:	Pt doing better, d/c 1-2 weeks, need to see consistency of low pain levels. <u>(KX)</u>		

Therapist's signature: J Carter 021423-1

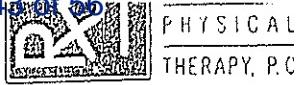
97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: 7/11/07

Subjective:	Unremarkable	No new complaints	Increase/Decrease pain after last visit
Patient pain level (0-10)	0 / 10 less pain today		
Objective:	Area treated: <u>1. Numb</u>	Swelling: <u>0</u>	Echymosis: <u>0</u>
ROM:			
Strength:	No new restrictions, noted		
Function:	The knee flexes well		
Assessment:	STG Current: <u>Met</u>	LTG Current: <u>Met</u>	Met: <u>Met</u>
	Pt tolerated treatment well	Home exercise program reviewed	Ther Ex program as per flo
Plan:	Upgrade activities as tolerated/per protocol Discharge from Physical Therapy		
Comments:	Dc now well <u>(KX)</u>		

Therapist's Signature: J Carter 021423-1

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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PHYSICAL

THERAPY, P.C.

PATIENT NAME T. Carter  
DXDATE: 9/13/07

Subjective: Unremarkable      No new complaints      Increase/Decrease pain after last visit  
 Patient pain level @ 0 /10 No pain again just seems to be

Objective: Area treated: (L) Ankle      Swelling: 0      Ecchymosis: 0  
 ROM: Lt. heel evns - 180  
 Strength: Front Flex 4/5 Sagittal Flex 4/5 - slightly weak  
 Function: Ability to +, stand on toes > 1 min & walk

Assessment: STC Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
 Pt tolerated treatment well      Home exercise program reviewed      Ther Ex program as per flow sh

Plan: Upgrade activities as tolerated/per protocol      Discharge from Physical Therapy  
Comments: D/c next week to have  
pt day walk (10x)

Therapist's Signature: J. Carter PT 021420-my

97001	97002	97110	97112	97530	97140	G0281
Initial Evaluation	Re-Evaluation	Therapeutic Exercise	Neuromuscular Re-education	Therapeutic Activities	Manual Therapy	Electric Stimulation

DATE: 9/18/07

Subjective: Unremarkable      No new complaints      Increase/Decrease pain after last visit  
 Patient pain level @ 0 /10 No pain today

Objective: Area treated: (L) Ankle      Swelling: 0      Ecchymosis: 0  
 ROM: \_\_\_\_\_  
 Strength: Review of home program/svc care - Posterior chain squatting, leg  
 Function: ext.

Assessment: STC Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
 Pt tolerated treatment well      Home exercise program reviewed      Ther Ex program as per flow sh

Plan: Upgrade activities as tolerated/per protocol      Discharge from Physical Therapy  
Comments: D/c next week  
Grade has been demonstrated (10x)

Therapist's Signature: J. Carter PT 021420-my

97001	97002	97110	97112	97530	97140	G0281
Initial Evaluation	Re-Evaluation	Therapeutic Exercise	Neuromuscular Re-education	Therapeutic Activities	Manual Therapy	Electric Stimulation

PATIENT NAME: Travis Granberg  
DX:DATE: 4/20/07

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ 0 /10 no pain, I feel I have been very fatigued

Objective: Area treated: (Deltoid) Swelling: 0 Ecchymosis: 0  
 ROM: L 10 DE, PE 50°, IN 30, EV 15°  
 Strength: 4+ L T1  
 Function: Arm of RGP - Spinning, Deltoid/Triceps - slight restriction

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
Pt tolerated treatment well  Home exercise program reviewed  Ther Ex program as per flow sheet

Plan:  Upgrade activities as tolerated/per protocol  Discharge from Physical Therapy

Comments: DIC to RGP/Left knee  
Pt only C in L T6 near posterior removal - tentative for Sept/Oct 2007 (xx)

Therapist's Signature: J. Costello PT 021420-1 my

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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DATE: \_\_\_\_\_

Subjective: Unremarkable No new complaints Increase/Decrease pain after last visit  
 Patient pain level @ 0 /10 \_\_\_\_\_

Objective: Area treated: \_\_\_\_\_ Swelling: \_\_\_\_\_ Ecchymosis: \_\_\_\_\_  
 ROM: \_\_\_\_\_  
 Strength: \_\_\_\_\_  
 Function: \_\_\_\_\_

Assessment: STG Current: \_\_\_\_\_ Met: \_\_\_\_\_ LTG Current: \_\_\_\_\_ Met: \_\_\_\_\_  
Pt tolerated treatment well  Home exercise program reviewed  Ther Ex program as per flow sheet

Plan:  Upgrade activities as tolerated/per protocol  Discharge from Physical Therapy

Comments: \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_

97001 Initial Evaluation	97002 Re- Evaluation	97110 Therapeutic Exercise	97112 Neuromuscular Re-education	97530 Therapeutic Activities	97140 Manual Therapy	G0281 Electric Stimulation
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07/31/2007 08:03 FAX

002/012

LENOX HILL HOSPITAL  
DEPARTMENT OF RADIOLOGY  
Final

PATIENT: GAMBERS, TRAVIS C  
MR NO: 558346  
DOB: 06/22/1948  
ATTENDING PHYSICIAN: STUART D. KATCHIS, MD  
ORDERING PHYSICIAN: STUART D. KATCHIS, MD  
EXAM: 04/23/2007 1004 XR ANKLE-LEFT-COMPLETE

PT TYPE: OP  
ACCT #: 101312168  
HOSP SVC: RBH CLI: PAR  
CPT: 73610LT

ADMIT DIAGNOSIS: UNS ARTHROPATHY LOWE

REASON:

S/P LEFT ANKLE SURGERY WITH A DIFFERENT MD WILL TAKE OUT HARDWARE SOMETIME

THIS YEAR

**INTERPRETATION:**

Indication: Ankle surgery

Three views of the left ankle are compared to the prior examination dated February 8, 2007. The patient is status post internal fixation of the lateral and medial malleoli. There has been marked reduction in soft tissue swelling. The ankle mortise is congruent. Scattered degenerative changes are note

Impression:

Interval reduction of soft tissue swelling.

Signed by 03152 Devon Klein; DICTATED: 4/23/2007 11:29:09 AM; Attending Radiologist: Devon Klein

DICTATED: 04/23/2007

Attending Radiologist

DEVON KLEIN, MD

04/23/2007

ACC#: 16215XR07  
LOCATION: RADIOLOGY BLACK HALL  
PAGE: 1

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003/012

Sent 02/08/2007 13:40:47, Page - 8

**LENOX HILL HOSPITAL  
DEPARTMENT OF RADIOLOGY  
Final**

PATIENT:	GAMBERS, TRAVIS	PT TYPE:	OP
MR NO:	558346	ACCT #:	101278042
DOB:	06/22/1948	HOSP SVC:	RBH CLI: PAR
ATTENDING PHYSICIAN:	STUART D. KATCHIS, MD		
ORDERING PHYSICIAN:	STUART D. KATCHIS, MD		
EXAM:	02/08/2007 1337 XR ANKLE-LEFT-COMPLETE	CPT:	73610LT

ADMIT DIAGNOSIS:

REASON:

FAIN

**INTERPRETATION:**

Indication: Pain, fracture

Three views of the left ankle are submitted. The patient is status-post ORIF of the distal fibula and medial malleolus. There is a minimally displaced fracture fragment at the tip of the fibula. The ankle mortise is congruent. A curvilinear density seen on the lateral view posterior to the tibia may represent present a minimally displaced fracture of the posterior plafond. Diffuse soft tissue swelling is identified.

**Impression:**

Fractures of the tibia and fibula with fixation hardware as above. Soft tissue swelling.

Signed by 03152 Devon Klein; DICTATED: 2/8/2007 1:31:22 PM; Attending Radiologist: Devon Klein

DICTATED: 02/08/2007  
 Attending Radiologist DEVON KLEIN, MD 02/08/2007

ACC#: 5651XR07  
 LOCATION: RADIOLOGY BLACK HALL  
 PAGE: 1

07/31/2007 08:03 FAX

004/012

Sent 03/21/2007 10:33:52, Page - 2

**LENOX HILL HOSPITAL  
DEPARTMENT OF RADIOLOGY  
Final**

PATIENT:	GAMBERS, TRAVIS	PT TYPE:	OP
MRI NO:	558346	ACCT #:	101297109
DOB:	06/22/1948	HOSP SVC:	RBH CLI: PAR
ATTENDING PHYSICIAN:	STUART D. KATCHIS, MD		
ORDERING PHYSICIAN:	STUART D. KATCHIS, MD		
EXAM:	03/21/2007 1004 XR KNEE-RIGHT-4 OR MORE VIEWS	CPT:	73564RT

ADMIT DIAGNOSIS:  
REASON:  
PAIN

**INTERPRETATION:**  
X-RAY RIGHT KNEE

AP, lateral, merchant, tunnel views

Mild decreased bony mineralization. Minimal joint space narrowing of the medial compartment. No fracture. No chondrocalcinosis. No definite knee joint effusion. Tibial spine osteophytosis. Normal position of patella. Mild joint space narrowing patellofemoral joint. Inferior pole patellar enthesopathy

**IMPRESSION:** Mild arthritic changes as described above

Reviewed By 03283 Allen Goodman  
Signed By 03283 Allen Goodman

DICTATED: 03/21/2007  
Attending Radiologist ALLEN GOODMAN, MD 03/21/2007

ACC#: 11686XR07  
LOCATION: RADIOLOGY BLACK HALL  
PAGE: 1

07/31/2007 08:04 FAX

005/012

**Stuart D. Katchis, M.D., P.C.**  
130 East 77<sup>th</sup> Street  
New York, New York 10021  
Tel: (212) 434-4920  
Fax: (212) 434-2844

**RE: Travis Gambers**

**DATE OF SERVICE: 4/23/07**

**FOLLOW UP VISIT:**

Now seven months after ORIF of his ankle in Mexico where he was on vacation. He is making progress. He is still tender on the medial side where the hardware is, but he also has noticed that he is numb in the area of distribution of the saphenous nerve on the top of the foot. It reaches up to his medial ankle but it does not go higher than that. ROM is improving. It is now beyond neutral degrees and he has good plantar flexion. He can walk comfortably without the cane, though he takes it outside because he is still somewhat unsure on his feet. He has completed his PT and moved onto a home exercise program.

X-rays: X-rays taken standing today demonstrate overall good alignment and good healing of the fracture. There is an ossicle at the tip of the fibula which looks partially healed. There are signs of some narrowing of the tibiotalar joint, but still a reasonable joint space remains.

Plan: He will return and see me at the end of the summer or sooner if he has any problem. We will probably plan at that time to remove his hardware.

Stuart D. Katchis, M.D.

SK:ecs

07/31/2007 08:04 FAX

008/012

~**Stuart D. Katchis, M.D., P.C.**  
130 East 77<sup>th</sup> Street  
New York, New York 10021  
Tel: (212) 434-4920  
Fax: (212) 434-2844

**RE: Travis Gambers**

**DATE OF SERVICE:** 3/21/07

**FOLLOW UP VISIT:**

His ankle is doing reasonably well. Wound is clean and dry. He still gets some pain from the hardware on the medial side. Overall, it appears to be progressing nicely. He needs to strengthen it more.

He has a new problem: Right knee where 48 hours ago he was on his knees fixing a computer and had a significant amount of pain when he got up proximal to the patella. He has good ROM. He can fully straighten the leg. he has full power in the leg. He does have some tenderness over the distal quadriceps tendon along the medial side. I think most likely this is a tendinitis.

Plan: We will refer him back to his physical therapist to deal with that. He will return in four weeks.

Stuart D. Katchis, M.D.

SK:ecs

07/31/2007 08:05 FAX

007/012

**Stuart D. Katchis, M.D., P.C.**  
130 East 77<sup>th</sup> Street  
New York, New York 10021  
Tel: (212) 434-4920  
Fax: (212) 434-2844

**RE: Travis Gambers**

**DATE OF SERVICE: 2/8/07**

**FOLLOW UP VISIT:**

He has had some medical problems since our last visit; having been admitted with abdominal problems. He is here for evaluation of his ankle which is still giving him a problem, especially at the tip of the fibula in the anteromedial aspect of the ankle.

X-rays: Taken today demonstrate what I believe is some loose bone at the tip of the fibula and the anteromedial screw looks to be sitting anterior to the joint.

Plan: I believe the patient eventually is going to require ROH, and most likely debridement of the bone fragments which are now giving him a problem. He has missed a lot of therapy and it is possible that with the appropriate therapy he may not have too much of a problem. He needs to get back into PT. Return at the end of PT.

Stuart D. Katchis, M.D.

SK:ecs

07/31/2007 08:05 FAX

008/012

Stuart D. Katchis, M.D., P.C.  
130 East 77<sup>th</sup> Street  
New York, New York 10021  
Tel: (212) 434-4920  
Fax: (212) 434-2844

**RE: Travis Gambers**

**DATE OF SERVICE: 12/14/06**

**FOLLOW UP VISIT:**

He is doing well with his ankle. Overall alignment is good. ROM is good. He has been walking partial weightbearing in the boot.

X-rays: Taken today show good position of the fracture and hardware.

Plan: He is put into an Air cast brace. I will see him back in one month.

Stuart D. Katchis, M.D.

SK:ecs

07/31/2007 08:05 FAX

008/012

Stuart D. Katchis, M.D., P.C.  
130 East 77<sup>th</sup> Street  
New York, New York 10021  
Tel: (212) 434-4920  
Fax: (212) 434-2844

**RE: Travis Gambers**

**DATE OF SERVICE: 11/16/06**

**FOLLOW UP VISIT:**

He is still having difficulty with his ankle. It has been seven weeks since the surgery. He still has not done much in the way of weightbearing. We will begin the PT now.

Physical Examination: Wounds are clean and dry. No sign of infection.

Plan: I will see him back again in four weeks. Hopefully we will be able to change him into an Air cast brace at that time. For the time being I prefer that he continue with his Cam walker.

Stuart D. Katchis, M.D.

SK:ecs

07/31/2007 08:06 FAX

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Stuart D. Katchis, M.D., P.C.  
130 East 77<sup>th</sup> Street  
New York, New York 10021  
Tel: (212) 434-4920  
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**RE: Travis Gambers**

**DATE OF SERVICE: 10/30/06**

**FOLLOW UP VISIT:**

His wounds are clean and dry. The cast is removed today.

X-rays: Fluoroscan x-rays show good position of the mortise.

Plan: He is now placed in a Cam walker boot. He will be nonweightbearing but able to do ROM exercises of the ankle. Return in three weeks. I hope to start him at that time with some weightbearing activities.

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07/31/2007 08:08 FAX

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**RE: Travis Gambers**

**DATE OF SERVICE: 10/10/06**

**FOLLOW UP VISIT:**

His wounds are clean and dry. He is a little bit swollen. He is still having some pain in the ankle but there are no signs of infection. His staples are removed.

X-rays: Show good position of the bone.

Plan: The patient is placed back into his cast. I will see him back in three weeks. Perhaps we will put him in a Cam walker boot at that time and begin some ROM; he will not be able to do any weightbearing until 8 weeks.

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RE: Travis Gambers (NP)

Referred by: Dr. Alexander Chun

DATE OF SERVICE: 10/3/06

**INITIAL ORTHOPAEDIC CONSULTATION:**

Chief Complaint: Left ankle problem

History of Present Illness: A 58 year old who presents for evaluation of left ankle surgery. The patient was in Mexico a week ago and sustained a fracture on his left ankle. He was taken to surgery and is here now for f/u. The surgery was done a week ago today.

Past Medical History: Type II diabetes, neuropathy, and epilepsy

Past Surgical History: Left hip replacement in the past.

Physical Examination: A heavy set 598 year old who ambulates nonweightbearing with crutches on the left side. His splint is removed. He has a swollen ankle with incisions laterally and medially.

Radiographs: X-rays brought by the patient are reviewed they demonstrate a non stable bimalleolar fracture that was fixed appropriately. The two medial screws and the plate and screws laterally. Repeat Fluoroscan x-rays are take today and demonstrate overall good bony anatomy without any slippage.

On physical exam again the patient has no tenderness in the calf.

Plan: A short leg cast is placed. The patient will begin aspirin once a day. He is aware that because of the diabetes it is likely that we will have to immobilize for a full 6 and possibly 8 weeks. Return to see me in two weeks for a cast change and suture removal.

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Cc: Dr. Alexander Chun

DEC.12.2006 03:13

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## STUART D. KATCHIS, M.D., P.C.

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DEA REG. NO. BK3539650  
LIC. NO. 190028-1NAME Travis Gasslers AGE   
ADDRESS  DATE 11/16/06

Rx S/P or 1/2 @ amills  
PT - modalite, Rom,  
pre's, prosthapt, cast  
framing (w/bst), HEP  
3x/wk 6wks

 LABELREFILL        TIMES

, M.D.

THIS PRESCRIPTION WILL BE FILLED GENERICALLY  
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